NEXT ANNUAL SESSIONS
California Medical Association, Hotel del Coronado, Coronado, May 6–9, 1940
American Medical Association, New York, June 10–14, 1940

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CONTENTS AND SUBJECT INDEX

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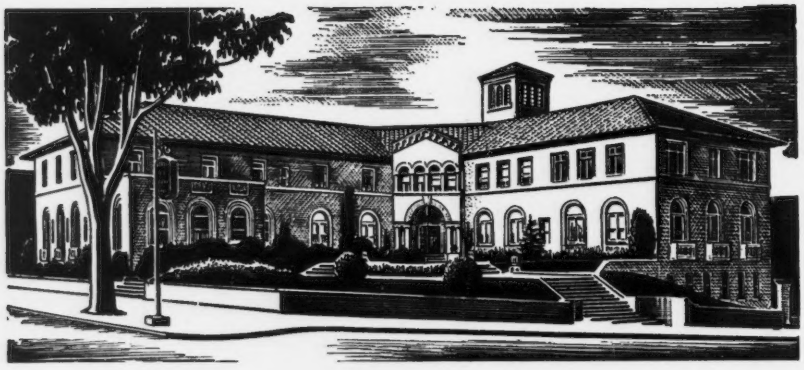

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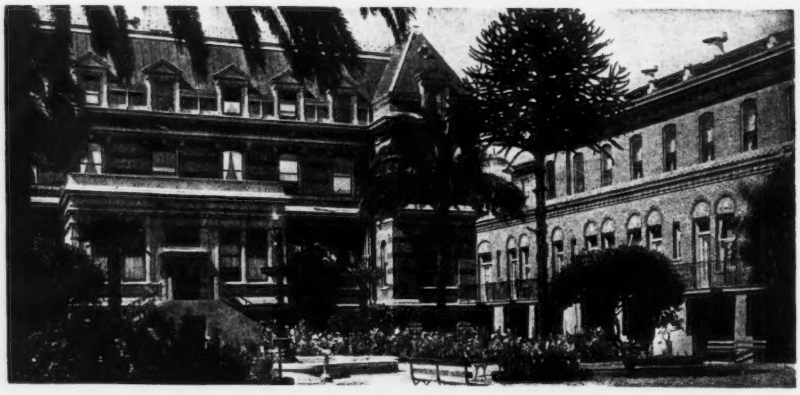

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Leaflet Regarding Rules of Publication.—CALIFORNIA AND WESTERN MEDICINE has prepared a leaflet explaining its rules regarding publication. This leaflet gives suggestions on the preparation of manuscripts and of illustrations. It is suggested that contributors to this Journal write to its office requesting a copy of this leaflet.

DEPARTMENT INDEX

(Itemized Index of Articles is printed on Front Cover)

EDITORIALS†

1940

California and Western Medicine **extends to every member of the California Medical Association best wishes for a Happy and Prosperous New Year.**

PLATFORM OF THE AMERICAN MEDICAL ASSOCIATION

Propaganda: Its Misuse in Medical Practice. "Propaganda," what a word! How widespread its use and influence through recent journalism and radio broadcasts; and how, both in our own country and abroad, are seen only too often its malevolent results! The word itself in its English connotation is quite new, first coming into vogue in 1718 or so, since which time it has been used to describe "a systematic scheme or concerted movement for the propagation of a particular doctrine or practice."

Propaganda in relation to medical practice is comparatively of even more recent growth, few expressions of it occurring up to twenty-five years ago. Since then things have changed, and nonsectarian and scientific medicine have become favorite objects of propaganda attack, at least from certain angles.

* * *

Medicine's Five Persecution Years.—It is not surprising, therefore, to record that, at the recent annual meeting of State Association Secretaries and Editors, held in Chicago on November 17 and 18 last, President Rock Sleyster of the American Medical Association should have prefaced some of his remarks by referring to a certain "five years of persecution" to which, within the last decade, scientific and organized medicine have been subjected by governmental and other agencies. Just why medical practice as it exists in America should be annoyed by onslaughts that have gone beyond legitimate criticism, to take on manifestations that seem like persecution, is not clear. Part of the explanation may be found in the fact that most of the leaders in such attacks are salaried laymen, not infrequently identified with so-called social welfare agencies, or with governmental departments directly or indirectly associated with proposed legislation that would radically alter medical practice

†Editorials on subjects of scientific and clinical interest, contributed by members of the California Medical Association, are printed in the Editorial Comment column which follows.

(and to which changes, because of their menace to the public health, physicians object).

Only during the last several years have members of the medical profession begun to develop a realization, and perhaps what might be termed a class consciousness, that their profession is being systematically subjected to something more than proper criticism—that partakes, in fact, of the nature of little less than intentional persecution.

At the onset, such vicious attacks, often insidiously cloaked, were like sporadic outbreaks to which physicians paid little heed. This indifference may have led enemies of high standards of medical practice to come more into the open with their opposition; inducing physicians, from one end of the country to the other, gradually to sense the nature of impending danger.

So it is not to be wondered at that the great American Medical Association, with its constituent state associations and their component county medical societies, was somewhat tardy in giving battle to the antagonistic elements, whose lay leaders embarked upon a campaign of misrepresentation that had, as a primary object, the destruction of the faith of citizens in the very physicians to whom the United States is indebted for the lowest morbidity and mortality records to be found in any country of the civilized world.

* * *

American Medical Association House of Delegates Establishes Principles.—On several occasions during the last few years the House of Delegates of the American Medical Association, as the authoritative mouthpiece of the federacy of constituted state associations and their component county societies, deemed it proper to give publicity to certain fundamental principles having to do with American medical practice. Unfortunately, these actions are scattered through the minutes of the official proceedings, and to that extent are not always readily available to physician-speakers and others who may be called upon to explain the attitude and tenets of scientific and organized medicine in the United States concerning problems such as compulsory sickness insurance.

To make the principles that had been officially espoused more readily accessible, the Trustees of the American Medical Association recently formulated a platform in which the considered actions that had been laid down by the constituted authorities of the Association were outlined in eight explicit and clarifying paragraphs. The American Medical Association platform was publicly announced at the Annual Conference of State Association Secretaries and Editors in Chicago on November 17 last, and since then has been the subject of much press comment.

* * *

American Medical Association Platform Should Be Real and Remembered.—CALIFORNIA AND WESTERN MEDICINE gave the eight principles the place of honor in the editorial columns of the December JOURNAL, printing also on page 394 of the same issue some comments concerning each.

Members of the California Medical Association who may have failed to read the principles and comments are urged now to do so, and to emphasize their importance, the eight paragraphs in question are again printed:

THE PLATFORM OF THE AMERICAN MEDICAL ASSOCIATION

The American Medical Association advocates:

1. The establishment of an agency of Federal Government, under which shall be coördinated and administered all medical and health functions of the Federal Government, exclusive of those of the Army and Navy.
2. The allotment of such funds as the Congress may make available to any state in actual need for the prevention of disease, the promotion of health and the care of the sick, on proof of such need.
3. The principle, that the care of the public health and the provision of medical service to the sick is primarily a local responsibility.
4. The development of a mechanism for meeting the needs of expansion of preventive medical services, with local determination of needs and local control of administration.
5. The extension of medical care for the indigent, and the medically indigent with local determination of needs and local control of administration.
6. In the extension of medical services to all the people, the utmost utilization of qualified medical and hospital facilities already established.
7. The continued development of the private practice of medicine, subject to such changes as may be necessary to maintain the quality of medical services and to increase their availability.
8. Expansion of public health and medical services consistent with the American system of democracy.

FEDERAL DEPARTMENT OF HEALTH: OFFICIALLY PROPOSED BY THOMAS M. LOGAN, M. D., OF CALIFORNIA IN 1871

Principle I of the American Medical Association Platform Advocates Better Federal Coördination of Public Health Agencies.—Principle I of the Platform of the American Medical Association, states:*

THE PLATFORM OF THE AMERICAN MEDICAL ASSOCIATION

1. The establishment of an agency of Federal Government under which shall be coördinated and administered all medical and health functions of the Federal Government exclusive of those of the Army and Navy.

Comment: Today the medical and health functions of the United States are divided among a multiplicity of departments, bureaus, and federal agencies. Thus, the United States Public Health Service is in the Federal Security Department; the Maternal and Child Welfare Bureaus in the Department of Labor; the Food and Drugs administration in the Department of Agriculture; the Veterans' Administration and many other medical functions are separate bureaus of the government. The WPA, CCC, and PWA are concerned with a similarity of efforts in the field of preventive medicine. The Federal Works Administration and the Federal Housing Administration also have some medical functions.

Since 1875 the American Medical Association has urged the establishment of a single agency in the Federal Government under which all such functions could be correlated in the interest of efficiency, the avoidance of duplication, and a saving of vast sums of money. *Such a federal health agency, with a secretary in the cabinet, or a commission of five or seven members,* including competent physicians, would be able to administer the medical and health affairs of the Government with far more efficiency than is now done.

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* See CALIFORNIA AND WESTERN MEDICINE, December, 1939, on page 394.

In the preceding comment, several sentences have been italicized to bring out with better force the fact that the statement is in harmony with views expressed in the first paper in the original article section of the current issue of CALIFORNIA AND WESTERN MEDICINE, to be found on page 6; and especially with its concluding paragraph (on page 8), in which the part taken by Thomas M. Logan, M. D., of California in sponsoring a Federal Department of Health, as long ago as 1871, is indicated.

To the medical profession of California, therefore, must go the honor of having supplied the leader some sixty-eight years ago, who, officially and otherwise, both by word of mouth and by deed, sought to impress this important need upon the consciousness of the American people.

Referring to Doctor Logan's proposed law for a Federal Bureau of Sanitary Science, submitted to the United States Congress in 1872, he himself expressed his thought thereon in the following striking manner:

> Instead of being a mere adjunct to the Department of the Interior, there seems no good reason why such a bureau should not, before long, be erected into an independent department, second in its influence and importance to none other. *Let us have a Secretary of Public Health, as well as a Secretary of War.* The achievement of this great national undertaking, as of every other great and good work among men, can only be effected by time and patience, by rational inquiry, and enlightened perseverance. Until this is accomplished, each state must form a plan for the gathering of its own vital statistics, suited to its own circumstances, and must use for this purpose the means it may possess, and the machinery already in operation.

* * *

Who Was Thomas M. Logan, M. D., of California?—Some of the present-day readers of California Medical Association's OFFICIAL JOURNAL may be asking, "But who was Thomas M. Logan, M. D., of California, that so much emphasis should be placed on his pronouncements made almost three-quarters of a century ago?" For such observing inquirers the answer may be summarized:

1. Thomas M. Logan, M. D., was the president of the California Medical Association in 1871, and was responsible for its reorganization in that year.
2. He was also president of the American Medical Association in 1874.
3. Doctor Logan brought the California State Department of Public Health into existence in 1870 (the second state health department to be legally authorized in the United States, being antedated for a few months by that of Massachusetts, in which state the legislature convened earlier in that year).

Additional information on these points may be gleaned from two articles which appeared in the "Lure of Medical History" department in CALIFORNIA AND WESTERN MEDICINE in 1937.*

In connection with these historical references, CALIFORNIA AND WESTERN MEDICINE, on page 30 in its current issue, gives space to the reproduction of a membership certificate of the "California State Medical Society," awarded to Charles Boreman, M. D., a graduate of old William and Mary College of Virginia, to which the signature of Thomas M. Logan, as president, is appended in Spencerian penmanship.†

* * *

"Should There Be a Federal Department to Aid the States in Health Work?"—Had space permitted, it would have been of interest to comment on a recent "Question of the Week" of the *United States News* (for November 27, 1939, and December 4, 1939), *"Should There Be a Federal Department to Aid the States in Health Work?"* to which came replies from a large number of men in public life, as well as from the representatives of the medical profession, shedding much light on this important need. In some future issue the subject may again be considered because the principles at stake are of vital importance to the welfare of the citizens of the United States, having been well stated by Dr. Thomas M. Logan in 1872, when he wrote:

> *"The achievement of this great national undertaking, as of every other great and good work among men, can only be effected by time and patience, by rational inquiry, and enlightened perseverance."*

ON VARIOUS TOPICS

Annual Session: Notice to Essayists and Participants in Scientific and Film Presentations.—Attention is again called to the sixty-ninth annual session of the California Medical Association which will convene at Hotel del Coronado, on Monday, May 6, 1940, for a four-day session.

The proposed scientific and other programs and various pertinent information received editorial comment in our November issue, on page 289, while hotel data were given in the same number, on page 333. All members who contemplate participation in the programs of any of the scientific sections or in the scientific exhibits or medical film presentations, or who look forward to attendance, are requested to turn to the above references, in case they were not noticed when published.

* * *

A Proposed Health Survey Voted Down: Action of the Public Health Section of the Commonwealth Club.—About two months ago, a proposition was submitted to the Board of Governors of the well known Commonwealth Club of San Francisco, in which it was suggested that the club might use some of its funds to make a survey on health (medical service) needs of San Francisco, it being implied that the Community Chest was interested in the need of such a survey.

The Board of Governors saw fit to refer the question to the Public Health Section of the Commonwealth Club, where it came up for serious discussion at succeeding meetings, some speakers be-

* References to Thomas M. Logan, M. D.: Vol. 46, No. 6, June, 1937, page 400, "The California State Board of Public Health," Guy P. Jones; and Vol. 37, No. 4, October, 1937, page 250, "Historical Notes on Public Health in California," Guy P. Jones.

† The certificate referred to was recently given to the California Medical Association by Mr. Thomas B. Smith of San Francisco, a grandson of Dr. Charles Boreman; and suitably framed, has now a place of honor in the California Medical Association headquarters office in San Francisco.

ing in favor, and others opposing the suggestion of such supposed need. In the exchange of opinions, it was clearly brought out that several similar surveys for San Francisco had been made in recent years; and that, while all were agreed that certain beneficial extensions of service could be made, little could be actually done unless money was made available by the City Fathers. The funds not having been provided, the proposed improvements and extensions of service called for in previous surveys had died through financial inanition.

The suggestion that a small rural county might be included in the survey, to give it a "statewide aspect," and so permit the appropriation of Commonwealth Club funds, did not meet with responsive approbation. Suffice it to say that, on December 14, 1939, the special subcommittee, appointed to correlate the facts, brought in its report with recommendation that such a survey was not advisable; and on motion of John W. Cline, M. D., the Public Health Section, without a single opposing ballot, voted so to recommend to the Board of Governors of the club. Thus lapsed another theoretical investigation which, had it been carried forward as proposed, could have had its findings broadcasted in the months to come (during the political contest on a compulsory health initiative), as the presumable expression of a nonpartisan and impartial investigation on medical needs, conducted under the auspices of two prominent public welfare agencies in the State!

* * *

Wagner Health Bill in the Present Congress. Before the January issue of the OFFICIAL JOURNAL reaches the desks of its readers it is possible that a modified Wagner Health and other bills of similar nature may have been submitted in both the United States Senate and the House of Representatives.

All signs indicate that publicity propaganda concerning such measures will be carried on as vigorously in the days ahead as in the past.

From time to time further information concerning the progress of such proposed legislation may be given in the OFFICIAL JOURNAL. An analysis of the intended laws will probably reveal that their contents may be in opposition to the principles of the organized medical profession, as laid down in the American Medical Association platform.

In regard to governmental bureaus, it must never be forgotten that, once such are established, their respective personnels close up in Roman phalanx-fashion to make their departments, if not always better, at least bigger. Or to put it otherwise, the establishment of unwise health agencies and bureaus in the Federal Government will never make for their self-elimination, even though subsequently shown to be little if at all needed. On the contrary, such newly created departments are almost sure to work for an extension of function and an increase in personnel, no matter at what cost to the citizens, in money, or at what to public health interests.

Members of the California Medical Association who are personally acquainted with congressmen are requested so to inform the Association secretary; so that, in case conditions arise in which letters to our representatives at Washington may be indicated, the lawmakers can be duly notified.

* * *

Postgraduate Conferences.—Officers and postgraduate committees of component county medical societies are requested to scan the reports of recent postgraduate conferences which appear on page 33 of this issue.

Informative literature on ways and means for the inauguration of clinical conferences has been sent to all county societies. The California Medical Association Committee on Postgraduate Activities will welcome correspondence and suggestions concerning the work.

In some state medical associations, where postgraduate or refresher courses have been carried on for a number of years, the reaction of the profession has been most gratifying; the clinical meetings being held, year after year, in practically all sections of such states.

California can have a similar experience if local units will coöperate. To make a beginning, a local committee of members who favor such clinical courses, and who are willing to give some time and effort to aid the State Committee, is all that is needed. Once tried, the advantages of such refresher work should make for annual or semiannual sessions in all parts of California.

Other State Association and Component County Society News.—Additional news concerning the activities and work of the California Medical Association and its component county medical societies is printed in this issue, commencing on page 30.

EDITORIAL COMMENT†

HEREDITARY TRANSMISSION OF ANTIBODY FUNCTION

The recent demonstration by Kleczkowska and Kleczkowki[1] of Cracow University, Poland, that the ability to produce specific antibodies of high titer and avidity is hereditarily transmissible in rabbits is of basic theoretic interest. The observation may have important clinical applications in the selection of animals for the production of improved antiserums.

In order to obtain animals for immunogenetic study, the Polish investigators tested their entire stock of rabbits for quantitative differences in specific precipitin production. Each animal was given ten 0.1 cubic centimeter doses of human serum intravenously at two-day intervals. Eight days after the final injection a blood sample was drawn for each rabbit, and titrated against human proteins. These titrations showed that their stock

†This department of CALIFORNIA AND WESTERN MEDICINE presents editorial comments by contributing members on items of medical progress, science and practice, and on topics from recent medical books or journals. An invitation is extended to all members of the California Medical Association to submit brief editorial discussions suitable for publication in this department. No presentation should be over five hundred words in length.

1 Kleczkowska, J., and Kleczkowski, A.: Zeitschr. f. Immunitätsforsch., 95:218 (March), 1939.

rabbits could be divided into three immunologic groups: first, an immunologic superior ("strong") group, yielding precipitins of a titer of 1:10,000 or more; second, a group of immunologic defectives ("weak"), yielding titers of 1:500 or less; and a few animals occupying an intermediary (or "medium") group. Superior and defective groups were segregated for genetic study.

Several months later, after full convalescence from the first series of injections, the selected groups were bred. Young, born from such union were allowed to attain full adult size (three kilograms) before being tested for antibody production. Briefly summarized, all (100 per cent) of the young born of parents, both of which belonged to the "weak" group, were found to be immunologically defective. Not a single one of these young was able to produce antihuman precipitins of more than 1:500 titer. Young resulting from crossing one "strong" parent with a "weak" mate were 60 per cent immunologically "strong," producing antihuman precipitins of a titer of 1:10,000 or over. This percentage of superior (or "strong") offsprings was increased to 80 per cent by selecting both parents from the "strong" group. Only one atypical litter was an exception to this rule.

Whether or not selective breeding for several generations would increase the percentage of superior offsprings to 100 per cent has not been determined, although a 100 per cent immunologically superior strain of rabbits is predictable. The Polish immunologists quote evidence that the antiserums produced by the "strong" group are not only of exceptionally high titer, but are of superior specific avidity. If this is so, their selective breeding of superior donors of specific antiserums may have an important bearing on future therapeutic methods.

P. O. Box 51.

W. H. MANWARING,
Stanford University.

SYNTHETIC ESTROGENIC HORMONE

Ten years ago Doisy in the United States, Butenandt in Germany, and Marrian in England, independently and almost simultaneously, reported that they had isolated the estrogenic hormone in crystalline form from the urine of pregnancy. During the following years, research by organic chemists revealed that this hormone is closely related to the sterols. Within a short time the constitution of three estrogenic substances was determined: (1) Estron with the empirical formula $C_{18}H_{22}O_2$; (2) Estriol, $C_{18}H_{24}O_3$; (3) Estradiol, $C_{18}H_{24}O_2$.

All these substances had the same biologic effect, producing estrus in the vaginal epithelium of ovariectomized rats or mice, in spite of the fact that they were, chemically, slightly different. After this experience, likewise as interesting for the chemist as for the biologist, the question arose whether it would be possible to synthetize substances with the same biological effect independent of the usual organic source, pregnancy urine.

Starting out with the cyclo-penteno-phenanthrene nucleus found in the natural hormone, English researchers synthetized a large number of chemical bodies and tested them for their estrogenic properties (Dodds and coworkers).[1,2] They succeeded in their efforts, and at the same time were able to prove that the phenanthrene nucleus was not essential for the estrogenic response. The substances first found, however, could not compete with the natural estrogens, since their estrogenic effect was far weaker.

Only recently (1938), Dodds[3] and coworkers could show that a derivative of the chemical substance 4:4 dihydroxystilbene (stilbestrol) produced even a stronger estrogenic effect in animals than the natural hormones.

Clinical trials with this synthetic estrogenic hormone have been carried out in Europe, and about twenty-five publications have appeared in the international literature. The indications in which the synthetic hormone was used were, of course, the same as those in which treatment with natural estrogens would have been advisable. The results obtained by the various clinicians have been surprisingly good so far. Particularly interesting seems the high efficiency of the synthetic hormone when taken in tablet form by mouth. Guldberg,[4,5] in Denmark, was able to produce menstruation in a castrated woman by injection of the synthetic hormone, followed by corpus luteum hormone.

Of course, as frequently happens with the introduction of a new drug, some unpleasant by-effects have been reported, consisting mainly of nausea and fatigue. Toxic changes in liver and adrenals have been demonstrated in animals by Loeser,[6] but only with extremely high doses.

Considering the early stage of development of this synthetic estrogenic hormone, one may expect that further work will lead to its improvement. Should the toxicity prove to be minimal, the potency maximal and the price reasonable (cheap production), this recently synthetized estrogenic hormone will, naturally, be a very valuable addition to the pharmacopeia. Clinical trials by qualified men in this country will doubtless show whether its value is really as high as previously described by European researchers and clinicians.

450 Sutter Street.

PAUL G. FUERSTNER,
San Francisco.

1 Cook, Dodds, and Hewett: Nature, 131:56. London, 1933.
2 Cook and Dodds: *Ibid.*, 131:205, 1933.
3 Dodds, Golberg, Lawson, and Robinson: Nature, 141: 247. London, 1938.
4 Guldberg: Zentralbl. f. Gynäk., 2584, 1938.
5 Guldberg: Ugesk. f. laeger, 854, 1938.
6 Loeser: Klin. Wchnschr., 10:346, 1939.

If men gave three times as much attention as they now do to ventilation, ablution, and exercise in the open air, and only one-third as much to eating, luxury, and late hours, the number of doctors, dentists and apothecaries, and the amount of neuralgia, dyspepsia, gout, fever, and consumption, would be changed in a corresponding ratio.—J. F. Clerk.

ORIGINAL ARTICLES

NATIONAL DEPARTMENT OF HEALTH PROPOSED IN 1871: BY THOMAS M. LOGAN, M.D., OF CALIFORNIA

By WALTER M. DICKIE,* M.D.
San Francisco

THE proposal of the American Medical Association, that a department of health be established within the United States Government, is of interest to Californians for the reason that a similar proposal was made, as far back as 1871, by the Secretary of the newly organized California State Board of Health, the second state health department to be established in the United States.

PROPOSALS OF THOMAS M. LOGAN, M.D.

Dr. Thomas M. Logan, who was really responsible for the organization of the California State Board of Health in 1870, was active in his efforts to introduce a "National Sanitary Bureau" in the Federal Government. Doctor Logan was secretary and executive officer of the California State Board of Health from 1870 to 1876, in which year he died. He was also president of the Medical Society of the State of California in 1870, taking a leading part in its reorganization at that time. He was president of the American Medical Association in 1874.

"NATIONAL HEALTH COUNCIL"

At the meeting of the American Medical Association in San Francisco, held in 1871, Doctor Logan submitted a resolution that provided for the organization of a "National Health Council," such council to be composed of one physician from every state in the Union. The resolution, which was adopted unanimously, reads as follows:

WHEREAS, The science of hygiene and its corollary preventive, or state medicine, are subjects eminently congenial with the purposes of this Association, inasmuch as they have for their objects the preservation of human life and the removal of those causes of disease and death, which it is in the power of legislation to ameliorate, if not eradicate; and, whereas, the great fundamental idea that was made the prominent element for medical association, and that led eventually to our national organization, was a higher standard of medical education; and, whereas, the present system adopted by our colleges provides more and more satisfactorily for the thorough qualification of the graduate, as regards the principles and practice of his art, but does not provide at all adequately for the special study and cultivation of questions of state medicine; therefore, be it

Resolved, That this Association recommends a distinct and separate chair of hygiene, independent of physiology, to be established in all our medical schools, and constituted a requisite curriculum preliminary to that diploma which confers one of the highest honors of the profession;

Resolved, That the inauguration of the enlarged philanthropic policy of state medicine in Massachusetts and California† is worthy of our special approbation and commends itself to other states for imitation; and, therefore, the president of this Association is hereby authorized to nominate at this session a committee, consisting of one physician from each state in the Union, to memorialize the legislatures of all the other states to follow the example of one of the oldest, most enlightened, and conservative, as well as one of the youngest, most progressive and enterprising members of our glorious confederacy, who have led off in the right way, and at the right time, for the prevention of disease, and the correction of those multitudinous agencies, whether physical, whether moral, whether born of earth, of air, or of society, which are either openly or insidiously degenerating the human race;

Resolved, That this Association further recommends that initiative steps be taken, as soon as six states shall engraft state medicine upon their statute books, for the formation of a "National Health Council," whose objects shall be the prosecution of the comparative study of international hygienic statistics, and the diffusion and utilizing of sanitary knowledge; and that said Council shall be aided and assisted by this Association in using whatever influence may legitimately lie in their power with foreign states, as well as with the medical profession and people generally, in securing coöperation in the ends and objects of public hygiene;

Resolved, That said National Health Council, although thus organized as a branch *per se*, shall be auxiliary to this Association, and shall constitute a special section on hygiene, to which all questions germane to this department of medicine shall be referred. "Only," to use the language of the great Virchow, "by thus working harmoniously together, by thus mutually enlightening each other, will the state gain an organ to which may be safely entrusted the solution of the great question of our time, viz.: bodily and mental health, and development of future generations."

REPORT TO THE AMERICAN MEDICAL ASSOCIATION IN 1872

At the meeting of the American Medical Association, held at Philadelphia in 1872, Doctor Logan, as chairman of the Committee on a National Health Council, reported as follows:

REPORT

"The Chairman of the Committee on 'A National Health Council,' in conformity with certain resolutions adopted at the last meeting of the Association, respectfully reports:

"That the initiative was taken by first transmitting a circular to each of the thirty members of the committee, representing as many states, informing them of their appointment, and of its nature. Upon the receipt of a favorable response from most of the committee, a form of a memorial was prepared, printed, and mailed to each, with a view of bringing about a concerted movement in every state in regard to such legislative action as the subject seemed to require.

"While your committee are not yet able to give any definite results of their action, still we report progress, and can confidently state that, although the requisite number of states have not yet conformed to the resolutions we were appointed to carry out, nevertheless a general interest has been awakened throughout the length and breadth of our common country in the great questions therein involved. To no better evidence in proof of this assertion can we point than to the recent message of the Governor of this great state wherein we are now assembled—the 'keystone' in the sublime arch, crowning the unity alike of our Republic and of American Medicine. In the broad, statesmanlike views therein enunciated, the immense power for good is clearly recognized which resides in the state and which can only be exercised by the state in promoting those

* Director, California State Board of Public Health.

† Massachusetts and California were the first two states in the Union to establish State Departments of Public Health. We reprint here a footnote from the August, 1939, issue of CALIFORNIA AND WESTERN MEDICINE (page 77):

"The California State Board of Health came into existence in 1870, largely through the efforts of the medical profession, under the inspiring leadership of Dr. Thomas M. Logan, a South Carolinian who settled in Sacramento in August of 1850. In that same year, Doctor Logan, with Dr. E. S. Cooper of San Francisco, issued the call for the organization of a State Medical Society, and in 1870 he was instrumental in its reorganization. Doctor Logan was then president of the Medical Society of the State of California in 1870, and at the same time he was also secretary of the newly organized California State Board of Health. It is evident, therefore, that the initial public health efforts in California were, from the beginning, interwoven with those of organized and scientific medicine."

healthful influences and bringing into play all those forces of sanitary science which are capable of counteracting the evils which civilization brings in its train. For while private enterprise is hastening after the acquisition of wealth, and applying all the resources of science in its production, so also should recourse be had to science by the state for protection against the evils which the hurtful, because selfish, spirit of enterprise is continually engendering. And so clearly defined are now the methods by which these conditions can be fulfilled, that we may safely measure the real rank which a state holds in the scale of civilization by the attention it bestows on public hygiene.

"It would be out of place, neither is it conceived necessary for your committee at this time to reinforce the enlightened representatives of our profession here assembled with reasons beyond those with which they are all already familiar for more active endeavors in the sanative field of science. The facts and deductions that from year to year have been so ably and so clearly pressed upon your attention by means of the able reports on medical topography and vital statistics recorded in our transactions, point unmistakably to the close relationship between rational medicine and sanitary science. They illustrate, either by figures or facts, the sad ravages from premature death upon whole communities by preventable diseases—the result of nonconformity to the laws of hygiene. They show that the diseases bred of malaria are rife among us. They point to the pallid, tuberculous artisans of our overgrown cities; to their slaughtered infants; and to the unhappy fallen women, and the demons of debauchery, who meet us at every turn.

"Now, no amount of individual effort or of medical skill can do what is wanted in the premises. Earnest, combined action, not only in, but out of the profession also, is what is wanted to secure to the great masses of the people the first conditions of a sound sanitary state; to arrest the propagation of infectious disorders; to prevent overcrowding in dwelling houses, and overtasking in schools and manufactories; to furnish an adequate supply of fresh air and potable water, and otherwise to provide against the new dangers to health and to life which the progress of population, consequent upon the increase of wealth, is continually introducing. Without extrinsic aid, however, it is believed that we can effect comparatively but little. The influence and moral power even of medical men are limited, and it is in fact impossible for those in large practice, with all the anxieties which such practice necessarily entails, to give to questions of a public nature the time and consideration their importance demands. What seems to be required, therefore, to meet the necessities of the case, is a thoroughly well-organized department of health, connected with the Government, under the surveillance of this Association, and charged with the duty of superintending a sanitary system, to which our Municipal and State Boards of Health shall be subsidiary, just as our county and state societies are to this organization.

"Through the instrumentality of such State Boards of Health as now inaugurated in Massachusetts, California, Minnesota, and Virginia, a body of medical men will be provided who will thus be enabled to withdraw from the engrossing demands of private practice, and to devote themselves to the special study of sanitary questions; and in order to secure a constant supply of competent physicians to this end, there should be instituted in our medical schools full and complete courses of instruction in state medicine.

"As the phrase 'state medicine' is perhaps imperfectly understood by many of the profession, and is absolutely new to the general public, we would here, parenthetically, to give an idea of what it is, quote the list of subjects which have been suggested as properly appertaining to it by a committee of the General Medical Council of Great Britain. They are: Forensic Medicine, Toxicology, Morbid Anatomy, Psychological Medicine, Laws of Evidence, Preventive Medicine, Vital and Sanitary Statistics, Medical Topography, and certain portions of Engineering Science and Practice. In short, as a member of the committee well expresses it, state medicine consists in the application of medical knowledge and skill to the benefit of communities; which is obviously a very different thing from their application to the benefit of individuals in private or curative medicine.

"The course of lectures to which we have just referred might be open for the instruction of the public generally, and particularly school teachers, trained nurses, and sanitary inspectors. This proposition can the more easily be acted upon because our knowledge of the whole subject is now not only sufficiently advanced and possessed of scientific accuracy, but is also of a character that lends itself with peculiar facility to popular exposition. One great difficulty which officers of health experience everywhere, is, that they rarely obtain official information of epidemic disease, even in their own districts, until they see deaths registered against it, when it is obviously too late to adopt measures for prevention. Now, if the intelligent coöperation of the laity was secured, not only would the obstructive effects of present ignorance and apathy, to a great extent, be got over, but, by wise and active combination, we would be enabled to crush out, in their very incipiency, those fearful infections which become almost uncontrollable if not checked in their onset. There is no longer any doubt but that, whatever may be the vagueness of our conjectures or the strife of our controversies respecting the real nature of contagion, of air poisons, or of marsh miasm—be they organic germs, capable of indefinite multiplication or proliferation, when once imbedded in an appropriate nidus, or be they new combinations of proximate principles generated out of death, decay, and disintegration—sanitary science has, either by making their habitats untenantable and incapable of maintaining their noxious life, or by chemically decomposing them as morbific matter, in many instances disarmed them of their terrors.

"Typhoid fever offers, perhaps, the most striking illustration of this position. Not only is the law of its propagation perfectly understood, but the excreta by which almost exclusively its deadly germs are sown throughout society, are, on their issue from the body, entirely within our control. To disinfect these excreta has been found almost infallibly to prevent the fever from spreading. The same may be said in regard to Asiatic cholera. The subtle and volatile poison of scarlatina is disarmed of its virulence, by guarding against its desquamative scales during convalescence. The limitation of diphtheria, by precautions of a similar nature, in well-ordered households at any rate, is a matter of the greatest certainty.

"Diffuse the discovery of the means of protection against these and many other diseases which have been perfected under the vigilant outlook and investigation of combined chemical and microscopic detectives; extend what has been successfully applied to circumscribed communities to states and to nations; let facilities for concerted action be established internationally through the instrumentality of governments, and the people will no more be decimated by those pandemic waves which have so often swept with cumulative impetuosity over the face of the earth. Utopian as the idea may at first sight appear, of stamping out the great antisanitary evils which beget disease, still, it would be taking a very limited view of the power of the human mind, and argue a strange obliquity of vision as to the lessons its triumphs in other fields are every day teaching us, to doubt our ultimate ability to do so. 'That man, who is rapidly subduing all the most titanic forces of the universe to his commonest uses, should always remain at the mercy of these ignoble things, is an antithesis too extreme to be permanent.' The Government of the United States has already done something in the direction toward which these suggestions tend by the establishment of a bureau connected with the War Department, which makes constant synopses of the weather, storm currents, and other meteorological phenomena occurring in some of the most prominent parts of the Union. Let the operations of the 'Signal Service' be so extended as to reach the remotest expansions of the Republic; and while there shall be sent from the capital of every state and territory full telegrams of the daily travail of nature in all her parts to the federal head, let the respondent wire report back simultaneously everything of scientific interest to the physician as well as to the physicist.

"The important results that will follow when this labor of devotion to science shall be taken up and carried out from America to Europe, and the two continents made to exchange their daily records of disease and weather reciprocally, may be imagined, but cannot be conceived in

their illimitable applications. Not only will storm currents be indicated hours, if not days, in advance of their actual presence, but all the meteoric and other phenomena attendant upon the appearance of diseases will be noted and heralded, so that the progress of the latter may be combated in their small beginnings before they gain a foothold in the land; and thus, while from the concomitant observations of an expanded horizon the origin and advance of epidemics will be made more apparent than they now are, so will their latent relationship to some great cosmic or telluric laws be probably discovered.

"It is peculiarly fitting for us who glory in the fame of our Franklin and our Morse; it is due to our own share, as Americans, in that fame, and to our own interests in the great results to the world of their grand inventions, that we should be the first to establish such systems of intercommunication as they have rendered practicable among ourselves and among the nations of the world as will lead to a strictly correlative achievement in putting the plagues of nature under our feet by the subjection we possess of the powers of nature to our will.

"In conclusion, your committee respectfully ask to be continued, and to constitute a special section on 'State Medicine and Public Hygiene,' to which all subjects cognate thereto may be referred. Also, that they be empowered to take such action, in connection with the authorities at Washington, as in their judgment may be deemed expedient in carrying out the objects of the resolutions."

LEADS TO ORGANIZATION OF AMERICAN PUBLIC HEALTH ASSOCIATION

By 1873, Doctor Logan reported that professional interest in the organization of such a council had increased to a marked degree. He also indicated that the organization of the American Public Health Association in that year came about as a result of the general awakening throughout the United States in the proposal to organize a "National Health Council." In the Forty-Second Congress (third session, December 13, 1872), a bill to establish a Bureau of Sanitary Science in the Department of Education was introduced.

BUREAU OF SANITARY SCIENCE

The text of the bill was as follows:

"Be it enacted by the Senate and House of Representatives of the United States of America, in Congress assembled, that there shall be established at the seat of government of the United States, and attached to and under the direction of the Department of the Interior a bureau, to be denominated a 'National Sanitary Bureau,' the general design and duties of which shall be to acquire and diffuse among the people of the United States useful information on subjects connected with the preservation of the public health, and to aid in the establishment and management of efficient sanitary and quarantine systems and regulations throughout the several states and territories of the United States.

"Sec. 2. That there shall be appointed by the President of the United States, by and with the advice and consent of the Senate, an officer, to be known as the Commissioner of the National Sanitary Bureau, who shall be the chief executive officer of said bureau, and who shall receive for his compensation a salary of ——— dollars per annum.

"Sec. 3. That it shall be the duty of the Commissioner of the National Sanitary Bureau to acquire and preserve in his Bureau all information which he can obtain by means of books and correspondence, and by practical and scientific experiments (accurate records of which experiments shall be kept in his office), by the collection of statistics, and by every other means in his power, concerning the following subjects:

"Medical geography, including climates, marine or littoral, upland or inland, mountain; their diseases, including thoracic and glandular zone, intermittent zone, gastric zone; hydrology, including saline, alkaline, chalybeate, hot springs.

"Diseases of animals and cereals, including cattle plague, rot in sheep, cerebrospinal meningitis in horses, rust in wheat, potato rot, rye and corn fungi, with soil analysis.

"Diseases of artisans from indoor confinement, overcrowding, and absence of sunlight; from contaminated atmosphere by mechanical impurities (cotton, wool, dust, and so forth); from chemical impurities (mechanical vapors, arsenic, phosphorus, lead, and various pigments); and diseases of other callings and professions.

"Certain zymotic diseases, including typhus, scarlatina, rubeola, their causes and prophylaxis.

"Smallpox, cholera, yellow fever, including causes, prophylaxis, or modification; investigations of all questions bearing upon vaccination as a preventive or modifier of smallpox; the adoption of suitable means of procuring, preserving, and distributing to physicians and public institutions, free of charge, vaccine matter of unquestioned purity; the investigation of cholera and yellow fever, their causes and prevention; and the collecting, digesting, and distributing of information on these subjects.

"The registration of mortuary statistics, including color, sex, race, and so forth.

"The causes of disease, including the nature of disease germs, aerial, animal, and contagious.

"The best means of preventing the ingress of foreign epidemics, and of extending aid to state quarantines.

"The proper sanitary condition of various modes of public conveyance on land and water.

"Sewerage, and nuisances in general.

"Proper sanitary regulations as to the transportation of persons afflicted with contagious diseases.

"The sanitary condition of public schools, hospitals, charities, manufactories, and so forth; and proper regulations for the preservation of health therein, including hours of study in proportion to age, air space, ventilation, heat, light, vaccination, and so forth.

"Unwholesome food and drink, with the means of preventing and correcting the use of the same.

"Chemistry, microscopy, mechanics, in their relations to various subjects of investigation.

"The collection of a library for said Bureau to consist of standard works on all subjects of public hygiene; reports of boards of health, superintendents of quarantine, public officers, and others, on sanitary matters, pamphlets, essays, original papers, and so forth.*

"Sec. 4. That it shall be the further duty of the Commissioner of the National Sanitary Bureau to make annually a general report, in writing, of his acts, to the President and to Congress, in which he may recommend the publication of papers, part of, or accompanying his report; to make special reports on particular subjects whenever required to do so by the President or either House of Congress, or when he thinks the public necessity demands it; to direct and superintend the expenditure of all moneys appropriated by Congress for the support of said Bureau, and render full and accurate reports thereof; and the said Commissioner may send and receive through the mails, free of charge, all communications and other matter pertaining to the business of his office, not exceeding in weight 32 ounces.

"Sec. 5. That there shall be appointed for duty in said National Sanitary Bureau, whatever additional officers are required, including a chief clerk, chemists, experts, and so forth, whose salaries shall be ———, and who shall, together with the Commissioner, give bonds for the faithful performance of their duties."

SECRETARY OF PUBLIC HEALTH IN PRESIDENT'S CABINET

While this measure failed of passage, it was productive of widespread interest in organized public health. In commenting on the legislation, Doctor Logan said:

"Instead of being a mere adjunct to the Department of the Interior, there seems no good

* In connection with the above, read functions of the California State Board of Public Health in the year 1940 (CALIFORNIA AND WESTERN MEDICINE, December, 1939, on page 399). Also, in this issue, an article on Benjamin Franklin Keene, on Page 27.

reason why such a bureau should not, before long, be erected into an independent department, second in its influence and importance to none other. *Let us have a Secretary of Public Health, as well as a Secretary of War.* The achievement of this great national undertaking, as of every other great and good work among men, can only be effected by time and patience, by rational inquiry, and enlightened perseverance. Until this is accomplished, each state must form a plan for the gathering of its own vital statistics, suited to its own circumstances, and must use for this purpose the means it may possess, and the machinery already in operation."

State Office Building, McAllister and Larkin streets.

ALCOHOL TOLERANCE: ITS IMPORTANCE IN RELATION TO CHEMICAL TESTS FOR DRUNKENNESS*

By HENRY W. NEWMAN, M. D.
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THERE are few subjects of medical research more difficult to approach without prejudice than the problem of alcohol. That the excessive use of alcohol beverages is harmful, both physically and mentally, is undisputed. Among intelligent individuals, at least, the controversy is concerned with what constitutes "excessive" drinking. In our present civilization other factors than the toxic action of the drug on the human organism must be considered, particularly when the drinker is in control of a potentially lethal mechanism such as the modern automobile. It is this aspect of the alcohol problem that is dealt with in this paper.

In the past ten or fifteen years increasing stress has been laid on the chemical diagnosis of drunkenness, notably when suspicion of such exists in traffic accidents. In order to appreciate just what information can be obtained from such tests, and how much weight may be placed upon them as evidence in such cases, it is helpful to review certain aspects of our knowledge of the metabolism of alcohol, and its effect on the nervous system.

ALCOHOL ABSORPTION

Alcohol is rapidly absorbed from the gastrointestinal tract. It is one of the relatively few substances absorbed directly from the stomach, but by far the greatest absorption takes place in the upper portion of the small intestine. The presence of food in the stomach, particularly protein, retards absorption. High concentrations of alcohol are more slowly absorbed than are more dilute beverages.[1] Thus, we should expect a higher blood-alcohol concentration in a subject drinking a given amount of alcohol, as a 10 per cent solution on an empty stomach, than would be achieved by the same subject drinking an equal quantity of alcohol, as straight whisky after a heavy dinner. From this we see that the amount of alcohol imbibed is not in itself a good indication of the degree of intoxication.

ABSORPTION RATE

After absorption, about 95 per cent of the alcohol is metabolized in the body, being burned ultimately to carbon dioxid and water. It thus can serve as a source of energy for the bodily requirements, and is capable of supplying a considerable percentage of the basal metabolic requirements. Approximately 5 per cent is excreted, about equal amounts being eliminated in the urine and the expired air. The remarkable thing about the metabolism of alcohol is that it proceeds at a practically constant rate, irrespective of the amount in the body.[2] That is, the same length of time is required to burn an ounce of alcohol in the body whether one ounce or ten ounces have been absorbed; so that if we plot a curve of blood-alcohol concentration after a single dose of alcohol against time, it has the form of a straight line. This is important, for it means that from one blood-alcohol determination taken some time after an accident the blood-alcohol concentration at the time of the accident may be approximated. There is no good explanation why alcohol should behave in this manner. It is well established, however, that at least the first of the chain of events in the combustion of alcohol takes place in the liver, as has been shown by Lundsgaard[3] in perfusion of isolated organs. He found that no alcohol disappeared from the perfusion fluid when muscle, such as a hind-limb preparation, was perfused, but that when liver was perfused the disappearance of alcohol was at a rate somewhat over half that which would be expected in the intact animal, a percentage about what would be expected because of the lessened metabolic activity of the liver under the artificial conditions prevailing in any perfusion set-up. The amount of oxygen consumed was not enough, however, to completely oxidize the alcohol, from which he concluded that the intermediary products of alcohol metabolism probably are further oxidized elsewhere. We have been able to confirm this work.

There are very few ways in which this constant rate of alcohol metabolism may be influenced. Muscular activity, the temperature of the external environment, metabolic stimulants, such as thyroid extract or dinitrophenol, all are without effect. Nor are diuretics or respiratory stimulants effective in removing an appreciable amount of alcohol from the body. Ingested protein or amino-acids do increase the rate of alcohol metabolism by a small amount, and large doses of insulin are capable of causing an increase of over 40 per cent.[4] Apart from these agents, the disappearance of alcohol from the body proceeds at a constant rate, which varies but little from individual to individual of the same species.

CHEMICAL TESTS OF DRUNKENNESS

The chemical tests of drunkenness consist essentially of the determination of the alcoholic content of some body fluid, or of the expired air, and the computation from this figure of the concentration of alcohol in the body. Since there is a practically fixed relationship between the concen-

* From the Department of Medicine, Neuropsychiatric Division, Stanford University School of Medicine, San Francisco.

Read before a joint meeting of the Section on General Medicine and Neuropsychiatry of the California Medical Association at the sixty-eighth annual session, Del Monte, May 1–4, 1939.

TABLE 1.—*Arbitrary Scale of Degrees of Drunkenness in Dogs*

1. Slight ataxia on climbing stairs.
2. Gross ataxia on climbing stairs.
3. Slight ataxia on level; cannot climb stairs.
4. Walks briskly, but grossly ataxic.
5. Stands and walks one or two steps.
6. Makes voluntary movements, but cannot stand.
7. No voluntary movements, but lowers head slowly to floor when it is raised.
8. Allows head to flop on floor when it is raised.
9. Corneal reflex absent.

trations in the various fluids and tissues of the body, as well as in the breath, this is a perfectly valid procedure, and the source of the material for the tests may be chosen solely on the grounds of convenience and freedom from chance contamination. Breath and urine immediately recommend themselves on the basis of availability, and can be collected with a minimum of coöperation on the part of the subject. It has been ruled that breath and urine may be obtained without the consent of the subject, and not be considered as making him testify against himself, much as fingerprints may be used as evidence. This is not true of blood or spinal fluid, which cannot be abstracted without the subject's consent. Because of this disadvantage, as well as the necessity of a trained person for obtaining the specimens, blood and spinal fluid are not practical sources of material for routine alcohol determinations. Breath has the disadvantage of variation in alcohol content with the depth of respiration, and possible chance contamination from belching or the presence of recently imbibed alcohol in the mouth. The latter factor also is to be considered when saliva is used as the source of material for analysis. Thus, it is safe to say that urine is the best material, and breath next in line. The actual analysis is quite simple, and can be performed by any reasonably well-trained technician. Most of the methods depend on the distillation of the alcohol into an oxidizing solution, with the subsequent determination, by titration or colorimetry, of the amount of the oxidant used up, and from this the amount of alcohol in the specimen.[5] Thus, it is relatively simple and accurate to determine the amount of alcohol in the urine or breath, and from this to calculate the amount present in the blood, not only at the time of securing the specimen, but at the time of the accident, assuming no alcohol has been taken in the interval. Interfering substances are few. Acetone will react as alcohol in the test, but should not be difficult to rule out chemically or clinically, as it is true of ether.

INTOXICATION FROM THE LEGAL STANDPOINT

We have seen that it is not a difficult matter to determine the concentration of alcohol in a subject's blood, and consequently in his brain. However, in order to apply this as evidence of a definite degree of alcoholic intoxication, we must make the assumption that every individual with the same blood-alcohol concentration will show the same degree of drunkenness. Proof of this thesis has been attempted on a large scale, blood-alcohol concentrations being compared with the appraisal of the

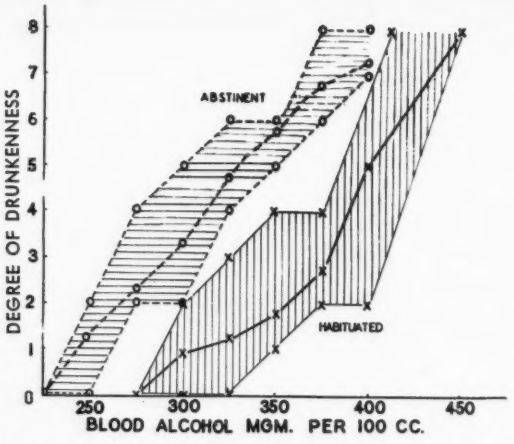

Fig. 1.—Degree of drunkenness in habituated and non-habituated dogs at various levels of blood alcohol. The shaded areas indicate the range, and the lines the average for each group.

degree of drunkenness on the basis of various tests of performance and by clinical observation. It is true that, considered statistically, there is a high degree of correlation between the two methods; but if we are to give chemical evidence of intoxication by itself a legal standing, it must correlate not only statistically, but invariably. The question actually boils down to this: is there enough individual variation in tolerance to alcohol, whether inherent in the individual or acquired through habituation to the drug, to make invalid the evidence obtained from chemical tests? To answer this question we must know the nature and extent of tolerance to alcohol.

AUTHOR'S STUDIES

It is with this problem that we have been working for the past four years.[6,7,8,9] As it is hardly practicable to test the tolerance of human subjects to alcohol before and after habituation, we chose dogs as our subjects. Accepting as an hypothesis that acquired tolerance did occur, we set out to determine the mechanism which might bring it about. A series of dogs was given a test dose of alcohol—first gastrically, and after an interval of a few days, intravenously—to control the factor of absorption, and the blood-alcohol concentration followed at frequent intervals until it fell to zero. We thus had controls on the blood-alcohol concentration following both oral and intravenous administration of alcohol. A period of thirteen months was then allowed to lapse, during which time the animals had as their only supply of fluid a 10 per cent solution of alcohol. They drank, on an average, about seven cubic centimeters of alcohol per kilogram body weight per day, which would be the equivalent of a quart of whisky daily for a man of average weight. At the end of this time the test dose of alcohol was repeated, and the curves of blood-alcohol concentration found to coincide very well with those obtained before habituation. From this data we must conclude that any tolerance developed by the dogs was not due to either decreased absorption or increased rate of metabolism of alcohol.

We then decided to determine if tolerance actually did develop with habituation. To this end, we took a fresh group of animals and subjected them to the test dose of alcohol, and followed not only their blood-alcohol concentration, but also their neuromuscular behavior during the period of intoxication. This we judged in nine degrees, purely arbitrary, as shown in Table 1. As can be seen from Figure 1, there was a certain divergence in the behavior of the individual dogs at the same blood-alcohol levels, indicating some degree of difference in inherent tolerance to alcohol. The period of habituation was then begun. It had previously been noted that the animals, when given free access to the alcohol solution all during the twenty-four hours, soon learned to drink only a little at a time, and so never became very drunk. This we remedied by placing the alcohol solution in the cages for only a short period twice daily, with the result that the dogs became very drunk twice a day, while imbibing almost the same daily dose as the previous group. At the end of ninety-seven days they were subjected to the same procedure after the test dose as before. The rate of alcohol metabolism did not show a significant variation from that shown before habituation, but the degree of drunkenness at a given blood-alcohol level showed a consistent and marked decrease after habituation, as can be seen in Figure 1, in which the heavy line indicates the average degree of drunkenness of the five dogs at the various levels of blood-alcohol, and the shaded area the extent of variation among the different dogs. The lack of overlap of the shaded areas for the abstinent and habituated animals indicates a clear-cut acquired tolerance of all animals. That this tolerance is not permanent was demonstrated by its loss after a period of abstinence of seven months' duration. Thus, we demonstrated that not only do dogs show a variation in tolerance to alcohol from individual to individual, but that this tolerance can be increased by habituation, and again decreases after abstinence. If we can be allowed the privilege of applying these results with dogs to the same problem in man, it is at once apparent that the same blood-alcohol concentration need not indicate the same degree of intoxication in one individual as in another, or even in the same individual should he change his drinking habits.

The importance of these findings in the evaluation of chemical tests for drunkenness is obvious, and makes such, standing alone and without confirmation by clinical observation or performance tests, definitely inconclusive. That the chemical diagnosis of drunkenness is, however, a valuable adjunct to the other tests is equally true.

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ALCOHOLISM: ITS PSYCHIATRIC TREATMENT*

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Compton

ALCOHOL is used by almost all races. Every cultural group has its drink or drinks, the essential ingredient of which is alcohol. History indicates this is also true of the past. The intoxication produced, therefore, must be universally pleasing to the drinker. In general, mild intoxication is socially acceptable. It lessens the critical faculties. Speech flows more freely. Self-assertion comes into the foreground. The world becomes more mellow, companions more jovial—a pleasant let-down after the tension and strain of the day. But if the intoxication deepens, the veneer of civilization becomes thinner, and the primitive forces in the personality begin to appear. The drinker then may become obnoxious, except possibly to others likewise inebriated. To certain persons alcoholic intoxication, instead of a pleasant interlude in an otherwise exacting existence, becomes a narcotic necessary to make such existence tolerable. Such dependence upon drinking results in alcoholism, and constitutes the problem with which we are concerned. The extent of this problem varies in different countries, but seems to be more widespread where the cultural requirements are exacting. Thus, it would seem to be an effect of the progress of civilization, dependent upon the inability of certain persons to meet its requirements. Most alcoholics fear their incapacity to meet the essential conditions expected of them, with secondary rebellion against such conditions and against the persons who demand compliance.

RECENT INCREASE OF ALCOHOLISM

As an indication of the recent increase of alcoholism, the statistics of one life insurance company indicate that, in 1932, 11.9 persons of every one hundred applying for life insurance were rejected because of "heavy alcoholic indulgence." In 1936 this figure had increased to 33.7 of every one hundred such persons, an increase of 183 per cent in four years. The Department of Psychiatry of Bellevue Hospital, New York City, treats one thousand alcoholic patients a month; and the director, Dr. Karl Bowman, points out that temporary treatment by fines and jail sentences does not cure this condition. It is impossible to estimate the enormous economic loss involved. But more im-

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portant, and as impossible to evaluate, is the human misery and suffering brought on the drinker himself, on his family, and his friends. Even more appalling is the deleterious effect upon the personality formation of the children of alcoholic parents.

VARIED ASPECTS

The problem thus presents economic, social and medical aspects. There have been many attempts at its solution, including prohibition. As physicians, our concern is to aid those who come to us as patients seeking help for their alcoholic addiction. Generally the marital partner or a parent, in extremity, seeks our advice or calls on us to help with an alcoholic crisis. Following the crisis, the question arises as to how to keep the patient from drinking again. Can he be cured? Is this our province? Should he be sent to the priest or minister? Or should he be sent to jail or a mental hospital?

MENTAL CHANGES

Excessive use of alcohol may produce mental changes, of which two types may be mentioned: first, an acute delirium; second, various types of chronic organic psychoses. These problems usually fall into the realm of the psychiatrist. The neurologic damage in the first type, with proper treatment, is usually reversible, without mental impairment. In the second type, permanent damage is done, and the treatment problem is largely that of finding an environment in which the patient is most comfortable and most productive. The personality impairment in this type cannot be remedied, since the underlying structural basis has been partially destroyed. Here the treatment applies to the results of alcoholism, usually end-results, and can have no effect on the alcoholism itself. The first step in any therapy is an accurate knowledge of the etiology of the condition to be treated. So we wish to know why the alcoholic is addicted. Physicians have long attempted to understand this problem. But only since psychiatrists, through their studies of personality disorder, have achieved a fair understanding of personality structure has an approach to the problem been opened that holds a promise of consistent benefit. We are, therefore, interested, first, in the personality of the alcoholic.

INITIAL IMPRESSIONS

Our initial impression of the patient is usually an agreeable one. We find, for example, a young or middle-aged man who is friendly and likeable, often with charming manners. He meets you easily and goes out of his way to impress you well. Upon closer acquaintance he is a jolly, hail-fellow-well-met, who is soon calling you by your first name and asking a small loan. He is popular and has many fair-weather friends, some of whom he alienates through his unreliability, his abusiveness when intoxicated, or other ways. At first it may appear he is a "he man," because he can "drink with the boys and raise hell." This is emphasized by a surface appearance of much activity, particularly talking, seldom borne out in accomplishment. When he does attain success, for example, in the closing of a business deal or in receiving a promotion, such may be followed by a spree which puts his position in jeopardy, and so it often seems that he invites failure. His drinking, which may begin with much talking and activity, much boasting, much play for the attention and esteem of his friends, will possibly end with drunken stupor (failure), which places him in a position where he needs care. He takes a drink as a "bracer" for a speech or an importance conference. Later he needs a "lift" to meet the ordinary day's work. These are indications of his inadequacy to meet, first, the unusual, later the ordinary requirements of life. This gives us a hint of the deep-lying, ever-present feeling of inadequacy, so intolerable to him that he has never admitted it even to himself, but has, on the contrary, drowned it with alcohol. He can escape by blaming circumstances or the malevolent attitude of others, and postulating situations more favorable to himself. Thus, he can feel hurt and sorry for himself, and drinks for solace. As he thinks more and more upon the subject, he regards himself as an injured person. He has been slighted. He has not been given help when he needed it. His parents have been too hard on him. If his father had come to his rescue once more, his business venture would not have failed. His wife should not have quarreled with him when he lost his position. She does not understand him. With all the world against him, why should he refrain from drinking? Also, by drinking, he can rebel and defy. He can spend his parents' money and punish them, or spend his own and punish his wife by depriving her. At the same time he spends it on himself, purchasing a world that is uncritical and which gives him attention and esteem (temporarily), and if he wants, he can insult people or he can break up furniture or other property whether it belongs to him or not. And he can end up "dead drunk" so he will need to be cared for. In a way, this seems to be the end he unconsciously wishes to attain, although consciously he appears to fight dependence, by being the opposite, an active outgoing he-man. Perhaps alcohol is a magic which makes these opposite strivings attainable.

LATER REACTIONS

As the alcoholic recovers from his drunkenness, things appear in a different light. Cold reality is again the yardstick and it tells him of the destruction of friendships, of loss of money, of embarrassment to his parents or family, or perhaps their actual deprivation. He is depressed, remorseful, and disgusted with himself. At this stage he goes part way on the road to suicide, as indicated by his remarks: "I ought to have been killed when I wrecked the car," or "If I had a gun I'd shoot myself." Time heals some of this, but part of it remains to be added to previous regrets, making heavier the underlying feeling of inadequacy and failure. This makes the next test situation more terrifying and increases his need for a drink "to steady me," as he may say; and so the vicious cycle turns ever faster. From another point of view his failure and regret constitute, to a certain extent, the punishment which he feels is due him because of his rebellious destructive tendencies, which are

freed while he is drinking. The extent to which he realizes he has been rebellious and destructive creates a fear of punishment, and this often adds to the need to drink. But there is another aspect to the problem, and this is probably the most important one. The alcoholic gains his primary pleasure from intoxication rather than from external reality. In this way he enjoys a pseudoprosperity which plays into the hands of self-destruction. The ever-narrowing circle leading to financial, domestic and often mental or physical destruction, has been referred to as chronic suicide.

WHY THE ALCOHOLIC DRINKS

It is now more apparent why the alcoholic drinks: (1) to be a "he man" and compensate for his feeling of inadequacy; (2) to find a way of rebelling and allowing relief of his destructive impulses; and (3) to obtain pleasure. All this, of course, is not recognized by the alcoholic, and he is consciously aware only of an intolerable tension and anxiety. The one relief he knows is through drinking. But why should he have a desire to rebel and destroy, which puts him both in need of and in fear of punishment? Obviously, it is because of a personality defect. It appears that, emotionally, he is a child and reacts to the world as he did to his parents. If he is a child, he will, of course, feel inadequate and inferior. In a man's world he will fail despite his intellectual ability, which is frequently above the average. In so far as he realizes his childishness, he will need to reject and disown it and appear to be a man. He must convince himself and others of this. (Being sensitive on the point, however, help from others becomes meddling, against which he rebels. Situations which require his continued attempt at adult responsibility terrify him. Life becomes a nightmare in which he must destroy or be destroyed.) The key to the entire situation is the cause of his fear and inadequacy, of his remaining emotionally a child. We were all children once and were protected from the cold, indifferent world of reality by the care and affection of our parents. Gradually we learned the world's ways and how best to succeed and to obtain pleasure and satisfaction from the world rather than from our parents. Our growing up consists largely in being weaned from our parents. It is essentially the duty of our parents to "bring us up" and teach us to stand on our own feet successfully and confidently. Since the alcoholic is incapable of doing this, we must look to his parents. The importance of the parental constellation in the character formation of the alcoholic has been recognized only recently, and is still not widely appreciated. Knight, reporting thirty cases, found, with regularity, the father to be aggressive, domineering, and financially successful. Within the home he was cold and indifferent, tended to dominate, and toward his sons he was inconsistently severe or indulgent. The mother was overindulgent and overprotective, granted the child special favors, gave in to his demands and requests, and acted as the child's advocate with the father. Wall, reporting on one hundred male alcoholics, found 37 per cent of the mothers overprotective. Strecker and Chambers state: "It is remarkable how often the emotional immaturity is traced back to parental dominance or spoiling, or both." Durfee, in discussing the parental background, states: "Often will be found a background of overprotection. . . . The fatal combination of mother solicitude and father dominance occurs again and again in the histories of drinkers, resulting in resentment toward the father—and through him toward all authority—or in too strong mother attachment." Chassell cites a case in which the mother was aggressive and possessive, but never firm, and the father kind, but not positive. It cannot yet be said that a certain combination of parental attitudes causes alcoholism in the son, but it does seem that such operates to prevent adequate personality development, creating a neurosis of which alcoholism may be the outstanding symptom. In the growing process, the child's ability to cope with his environment gradually increases. The things required of him by his parents must necessarily be in proportion to his capabilities at the time. If overprotected, his abilities lie dormant and he does not learn how to use them. When thrown into the world he is bewildered and frightened and, naturally, feels inadequate. He reacts as though the world were his parents. He seeks the comfort of his mother and expects severity to change to indulgence, as occurred with his father. When this does not take place he is further bewildered, and then angry, so he has reason to rebel. In alcohol he can find, temporarily, the comfort of his mother and the indulgence of his father, and can rebel against their dominance (mother's overprotection and father's severity) simply by taking a forbidden drink.

DIFFICULTIES IN TREATMENT

The problem then develops into treating, not a man, but a child who, in his struggle to be a man, feels inadequate, bewildered and resentful, and who is still extremely susceptible to the passive pleasures of childhood. Therapy essentially consists in removing the fears and misconceptions that inhibit his emotional growth. The attitude of the patient toward his treatment is much different from that of the patient who is physically ill. The latter recognizes his illness as such, and realizes his need for help. But the alcoholic is somewhat like the child who is terrified by the strange man with the mysterious little black bag and its alien smell. He is suspicious of the friendly smile, for the doctor's medicine may be bitter and also the doctor might cause him pain. So the alcoholic is often suspicious of the psychiatrist, whom he consults usually only after persuasion and threats on the part of his relatives. Consequently, treatment is often rejected. This throws the problem back on the relatives, who may allow him to continue his drinking by giving him "just this one more chance." Or they may take the steps necessary for his detention until treatment can be instituted. Such action by the relatives is often charged with resentment due to hurt family pride, financial loss, or other injury which the alcoholic has inflicted upon

them. This makes them susceptible to his protestations and they often remove him against advice, saying, "He has learned his lesson," or that they "wouldn't feel right unless they gave him another chance." This problem of the relatives is ever present. For example, the woman who has married a drinking man to reform him may become jealous as the treatment progresses. Another wife may begin to realize that if her husband recovers she will no longer be the dominant figure in the household. Parents may become overly optimistic when they find the patient physically improved, and believe him when he tells them he will never drink again. The overprotective mother may become jealous of her son's being weaned from her. Reeducation of the relatives is often an essential part of the treatment. Only then may they understand why treatment is a matter of months.

WHY TREATMENT FOLLOWS

Alcoholics are either forced into treatment or seek help voluntarily. Both groups require restriction from alcohol for several weeks, in some intances under enforced detention. Early treatment consists of overcoming distrust, suspicion and resentment. The attitude of physician and nurses toward the patient is thus one of friendliness. Considerable attention is given him. An effort is made to find the food he likes, the way he likes it prepared, and an active interest is shown in his other wishes. He is indulged, the extent depending upon his needs, but to a degree less than babying him. At the same time all who come in contact with him are trained to refrain from moralizing or implying that he is being condemned or punished. The subject of alcohol or drinking is mentioned only if introduced by the patient, and then its discussion is discouraged. At this stage he frequently makes many demands and requests, much like a child. When possible, they are granted, and thus he is temporarily reassured. Impossible requests are denied him with firmness, but with full explanation for refusal. He will also make attempts to play the physicians against each other, or the nurses against physicians, as he played his parents against each other. Gradually he will perceive an element of firmness in the environment which was absent in his home. In the therapeutic interviews there is no hurry to talk about his problems, and time is spent in visiting and getting acquainted. Often this can be done to advantage on the golf course or in a game of bridge. In such atmosphere suspicion and hostility gradually recede into the background, and soon the patient talks more freely. His review and evaluation of his past strivings and shortcomings effect a gradual realization of hidden inadequacy and fears. He may stiffen his defense against accepting this discovery and take flight again into alcohol, with the effect that his liberties must be revoked. Such sequence of events may be repeated over and over again. As improvement appears he is given every opportunity to engage in productive activities, and his accomplishments are singled out for commendation and praise. During periods of relapse, destructive activities (punching bag, sawing wood, etc.) are of value in draining away feelings of anger, rebellion, and hostility. Such feelings must be brought to the patient's attention, and this is best done in connection with the intimate and complex patient-physician relationship that develops in treatment interviews. In this way he can be brought to recognize these impulses rather than escape from them through drink. In a similar way his feelings of childish dependence are gradually interpreted as he improves and begins to establish his self-confidence. At the same time the physician gradually moves into the background. The matter of alcoholic addiction is minimized to the patient until he has enough grasp of his personality difficulties to understand the position it occupies.

DURATION OF TREATMENT

The duration of treatment, as outlined above, varies from six to twenty-four months, depending upon the degree of character immaturity. For purposes of classification, Knight has divided alcoholics into:

1. The essential and the reactive types. The individuals of the essential type have maladjustments that have been obvious since childhood. They are rarely capable of consistent accomplishment, and usually have not achieved economic independence. They have little regard for reality, and are principally occupied in seeking or demanding pleasure. Alcoholic episodes first occurred in their teens and addiction developed rapidly. They come to treatment only under much pressure and coöperate poorly. They seem to expect the treatment to be a magical process whereby they can be cured quickly without requirement of effort or distress. Upon learning that this is not true, they usually persuade their relatives to remove them, saying they are already cured or that they are not being properly treated. For those who remain, treatment is long and difficult.

2. Individuals of the reactive type show greater achievement, having been quite successful prior to addiction, which occurs in middle life or later. Their drinking is closely related to reality stress, but once it is established it is easier for the individual to dodge his difficult situation by way of alcohol than to reorganize his intellectual and emotional forces in a way necessary to correct it. Once his drinking is established it further damages his reality situation, creating a vicious cycle. Treatment of this group is more hopeful. They are able to coöperate better, sincerely desire help, and, except for interference from relatives, are more likely to finish their treatment, the latter part of which can usually be completed outside of the sanitarium.

In addition, alcohol often appears as an early symptom of the psychoses, either functional or organic, and as a prominent symptom of psychopathic personality. In these conditions alcoholism has not the same significance, and treatment is directed toward the essential underlying disorder.

CALIFORNIA LAWS

Society has recognized the problem of alcohol addiction and, in most States, has provided for treatment in State hospitals. The law of California

calls for commitment to a State hospital of any person who is found to be "so far addicted to the intemperate use of stimulants as to have lost the power of self-control, or if subject to dipsomania or inebriety." Such commitment is for a definite period, not to exceed two years, but the person may be paroled by the medical superintendent. The benefit thus derived is due to (1) physical improvement; (2) separation from the environment which has been a factor in the drinking; (3) the bracing effect of discipline and routine; and (4) protection from alcohol over a considerable period of time.

However, the alcoholic's basic difficulty is not alcohol, but emotional immaturity, and treatment, in order to be effective, must be built upon this principle. The growing-up process in the alcoholic is accomplished through the close personal relationship that is established between him and his physician, and the gradual interpretation of this relationship, as it shifts with his various emotional strivings, both positive and negative, and as it changes with his emotional development. To the present time we have found no other way to accomplish this. Present treatment requires much time per patient. Treatment interviews are usually for a period of one hour, three to six times a week. A physician devoting all his time to such treatment can care for from only eight to twelve patients. Since the State hospital physician has charge of from two hundred to four hundred patients, it is obvious he does not have the time necessary to carry out such treatment with more than a few of the alcoholics who are committed.

From a practical point of view the proper treatment of alcoholism is expensive. Consequently, the majority of alcoholics are left without adequate treatment, and the problem as a whole remains relatively unsolved. The problem appears to be increasing, and of its own weight will possibly force some action toward a solution. It appears from the work of Durfee that segregation of alcoholics to a "farm," where they are treated in small groups of ten or twelve, has certain advantages. The disciplinary action of the group is stressed, and it appears to substitute in part for the close personal relationship of physician and patient. If this is true, it would, to that extent, either shorten the treatment or free the physician's time so that he could treat more patients. It is obvious, of course, that prophylaxis is the most desirable and, if possible, would be the most economical and efficient method of dealing with this problem. This, however, would involve the possession of a knowledge of personality structure and development by every parent. There is probably no more complex pattern in the universe, and certainly no one with as many variable possibilities as the human personality. Such knowledge, therefore, cannot be within the grasp of the general public.

For the time being, we must proceed with what methods we have available; and as our knowledge and experience grow, better and perhaps shorter methods of treatment will become apparent. As physicians, we have for centuries dealt with the mild personality pathology which always accompanies physical pathology. The family physician of the past generation endeared himself to his patients through his intuitive understanding and skillful handling of their personality needs during times of distress as well as through his medical therapy. Times change. Our therapy has become more specialized and our knowledge more formalized. Despite this, the human being continues to function as an inseparable unit; and since our task is to correct, alleviate or prevent pathology, the treatment of psychopathology—of which the treatment of alcoholism is a part—becomes the concern of medicine.

Compton Sanitarium.

MALIGNANT MELANOMA: A STATISTICAL AND PATHOLOGICAL REVIEW OF THIRTY-FIVE CASES*

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THIS article is a review of thirty-five cases of malignant melanoma studied in the departments of dermatology and pathology of the University of California Medical School. We have reviewed the case histories statistically, and studied in some detail the histories and histologic picture of those who have survived five years or longer after treatment.

CLASSIFICATION

In the earlier literature and in some of the recent writings, the malignant neoplasms arising from nevus cells were designated as melanosarcoma, melanocarcinoma, etc., or as nevocarcinoma, nevosarcoma, etc. This subdivision is based on purely morphologic grounds, and has no connection with the origin of the cells or their clinical course. It has not been shown that any of these types is more amenable to treatment or less malignant in its course. In most of the recent literature the term "malignant melanoma" or just melanoma has been used for the malignant neoplasms, while the benign pigmented lesions are called benign melanomas or pigmented nevi. The origin of nevus cells is still uncertain in spite of the very considerable amount of research that has been done. The majority of investigators believe, with Masson, that they are mesoblastic in origin, arising from the Schwann cells of the neurolemma. In the wild growth that occurs when malignant changes develop, these cells may differentiate toward epithelial, endothelial or connective tissue cells with varying degrees of pigment formation. Different appearing types of cells may be seen in the original growth, and also in the metastatic lesions. Thus one area may be properly called melanosarcoma while another portion may be melano-endothelioma. The term "malignant melanoma" covers all these

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Statistical Analysis of 35 Cases of Malignant Melanoma

Case	Sex	Age	Location	Duration at Entry	Treatment	Status
1. L. A.	F.	24	Right wrist with metastatic nodules on arm	Two years, September, 1934	Excision and x-ray	Dead, March, 1936
2. F. A.	F.	38	Center of chest	One year, May, 1933	Excision and x-ray	Dead, March, 1934
3. W. A.	F.	....	Malar prominence	One year, September, 1933	Desiccation	Well, September, 1938
4. N. B.	M.	52	Under left jaw with metastases	Three years, May, 1935	Radium, x-ray	Dead, 1936
5. M. B.	F.	72	Right cheek	One year, October, 1932	Desiccation, radium, excision	Well, January, 1939
6. C. B.	F.	....	Sclera	Fifteen years, October, 1927	Radium, excision, desiccation	Dead, 1929
7. F. B.	F.	17	Forehead	Years, November, 1931	Desiccation	Unknown
8. R. C.	M.	48	Back with metastases	One year, May, 1938	Excision, x-ray	Dead, November, 1938
9. F. C.	M.	51	Back with metastases	Five years, May, 1934	Excision, x-ray	Living, May, 1938, with metastases
10. C. D.	M.	50	Fourth finger right hand with metastases	Two years, June, 1935	Amputation, x-ray	Dead, December, 1935
11. R. F.	F.	79	Right sole	Five years, June, 1930	Desiccation	Dead. Last seen April, 1935. No recurrence
12. V. G.	F.	61	Left temple	Two months, October, 1938	Desiccation	Well, February, 1939
13. M. H.	F.	42	Left chest with metastases	Seven years, October, 1932	Desiccation	Dead
14. R. J.	M.	40	Shoulder	?, October, 1932	Desiccation, Coffey-Humber	Dead, February, 1934
15. J. K.	M.	38	Multiple nodes	Seven years, February, 1936	X-ray	Unknown
16. M. L.	F.	61	Scalp	Few weeks, August, 1929	Desiccation	Unknown
17. O. M.	M.	33	Breast	?, December, 1930	Excision	Unknown
18. J. M.	M.	86	Right cheek	Three months, June, 1932	Desiccation	Dead
19. D. M.	F.	60	Left wrist	Years, October, 1933	Desiccation	Well, April, 1929
20. H. M.	M.	64	Left thigh, node in femoral region	Five months, May, 1933	Cautery	Dead
21. M. N.	F.	23	Lower leg	Seven months, May, 1935	Desiccation, Coffey-Humber	Living with metastases, April, 1939
22. C. P.	F.	43	Right middle toe	Three months, September, 1937	Desiccation	Well, April, 1939
23. H. P.	F.	29	Left cheek	Three weeks, April, 1931	Desiccation	Well, April, 1939
24. E. R.	M.	5	Right lower leg	Five years, October, 1932	Desiccation	Well, December, 1938
25. J. R.	M.	30	Left ear with metastases	Two years, January, 1937	X-ray	Unknown
26. S. E. S.	F.	83	Left cheek	?, January, 1932	Desiccation	Unknown
27. S. S.	F.	....	Left cheek	Eight years, January, 1933	Desiccation	Well, September, 1938
28. L. S.	M.	66	Right heel with metastases	Six months, June, 1938	None	Hopeless
29. F. S.	M.	69	Face	?, July, 1934	Desiccation	Dead
30. M. V.	F.	74	Left heel	Fifteen years, June, 1936	X-ray	Unknown
31. W. C.	M.	12	Above right popliteal	Two years, March, 1932	Excision	Well, April, 1939
32. J. M.	F.	61	Right cheek	One year, August, 1931	Excision; recurrence excised May, 1937	Well, April, 1939
33. S. N.	M.	59	Left thigh	Four months, August, 1934	Excision	Unknown
34. A. S.	F.	41	Right cheek	Five years, December, 1930	Excision	Unknown
35. S. M.	M.	50	Sclera	Five years, January, 1934	Enuncleation	Dead, April, 1934

Sixteen males; nineteen females. Average age: 48.7 years.
Where number of years are not designated, the information is unknown.

variations in morphology, and is a satisfactory classification for all practical purposes.

CLINICAL FINDINGS

From the clinical standpoint it is to be noted that many malignant melanomas develop from a preexisting pigmented nevus which has been present for many years or since birth. Some of the malignant melanomata arise on apparently normal skin. This may be explained on the basis of the failure of the patient to notice a relatively insignificant pigmented spot or on the presence of a congenital cell rest which remains quiescent until the proper set of circumstances arise to stimulate them to active growth. It should be pointed out here that actual trauma is not always noted, and probably some other factors may start the actual growth. The type of nevus which is most apt to undergo malignant changes is the smooth, flat, blue-black lesion either level with the normal skin or slightly raised. It is doubtful if the warty or hairy nevi ever become malignant.

TREATMENT

The impression that has been given by many authors of the danger of removing the ordinary type of warty or hairy mole by the use of the cautery, superficial electrodesiccation, acid cautery or electrolysis is certainly erroneous. If the smooth, blue-black nevus is to be treated at all, it should be completely excised by wide surgical excision or destroyed by thorough electrodesiccation. If the lesion is located so that it is not exposed to trauma, one may properly elect to let it alone, with the warning to the patient that if at any future time it starts to increase in size, immediate removal is indicated.

COMMENT ON CASES REPORTED

In the accompanying table there is a statistical analysis of the essential available facts in thirty-five cases of malignant melanoma. In every instance the diagnosis was verified by microscopic examination of sections. Of the cases listed, nineteen occurred in females and sixteen in males. The average age at the time of the first visit was 48.7 years. The youngest patient was five years old and the oldest, eighty-six. Twelve of the patients were lost track of, and eleven are known to be dead. Two of the patients are living, but present clinical evidence of metastases. The treatment used in those cases in which it was thought that there was a reasonable chance of cure was either wide surgical excision or electrodesiccation. When the latter was used, the attempt was to destroy tissue well beyond the limits of the growth. X-ray was used as a palliative measure in some of the extensive and hopeless cases or as a prophylactic to neighboring lymph groups. There were no patients in this small series in whom radiation was used alone and, therefore, no interpretation can be made as to its value.

Of the thirty-five cases reviewed, seven patients are known to be alive and well five years or longer after treatment, presenting no evidence of neoplastic disease. While we are aware of the fact that recurrences may yet develop in some of these cases, their outlook is relatively good.

REPORT OF CASES

The following is a brief synopsis of the histories of the apparently cured patients:

CASE 3.—W. A., female, in September, 1933, presented a melanoma on the malar prominence, about two centimeters in diameter, growing for the past year. It was destroyed by electrodesiccation. The patient was well in September, 1938.

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CASE 5.—M. B., female, 72 years old, in October, 1932, presented a nodular black lesion about 1 by 2 centimeters on the right cheek. The lesion had been growing for about one year. The patient had been treated from time to time for the previous fifteen years for a diffuse mottled pigmentation of the cheek. She had not been seen for the past six years. The lesion was destroyed by electrodesiccation. In March, 1933, a subcutaneous nodule appeared under the scar. Gold seeds of radon were buried in the growth with no benefit. In June, 1933, the mass was excised surgically and was also shown to be a malignant melanoma microscopically. The patient was well in January, 1939.

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CASE 19.—D. M., female, 60 years old, in October, 1933, presented a black mole on the back of her left wrist. There was a spreading areola of pigment and it was destroyed by electrodesiccation. The patient was well in April, 1939.

* * *

CASE 23.—H. P., female, 29 years old, in April, 1931, presented a pea-sized, hemispherical black nodule over the left zygoma. It had first appeared three weeks previously at the side of a bean-sized area of pigmentation which had been present for many years. It was destroyed by electrodesiccation and the patient was well in April, 1939.

* * *

CASE 24.—E. R., male, five years old, in October, 1932, presented a firm purplish lesion about one centimeter in diameter, and slightly raised, on the outer aspect of the right lower leg. It had been present since infancy and was growing slowly. It was treated by electrodesiccation, and the patient was well in December, 1938.

* * *

CASE 27.—S. S., female, in January, 1933, presented a blue-black mole on the left cheek, about three-fourths centimeter in diameter and slightly raised, above the level of the skin. It had been growing slowly for the past eight years. A biopsy was done, and the growth was destroyed by electrodesiccation. The patient was well in September, 1938.

* * *

CASE 31.—W. C., male, 12 years old, in April, 1932, presented a pigmented area about 1 by 4 centimeters above the right popliteal space. It had been growing since its first appearance two years before. It was excised surgically and prophylactic x-ray was given the right inguinal region. The patient was well in April, 1939.

COMMENT

In the material available, an attempt was made to correlate the microscopic findings with the clinical course. Without going into details, suffice it to say that a careful review of the sections, in consultation with Dr. Charles L. Connor, professor of pathology at the University of California, failed to show any method of predicting the clinical course from the pathologic findings. Malignant melanomas, which presented similar microscopic pictures, in one patient resulted in an early fatal ending, while in another it was apparently cured. The patients who were clinically cured for a reasonable period originally presented localized lesions with

no clinical evidence of metastatic growth. All of them were definitely enlarging, some at a relatively rapid rate when first seen. It is notable that the layman has been educated to the possible danger of moles that are growing, and as a result we are seeing more of these cases early in the curable stage.

CONCLUSIONS

1. Malignant melanoma may be cured if it is radically removed early enough in its course.
2. Either radical excision or thorough destruction by electrothermic means are acceptable forms of treatment.
3. The present pathologic criteria are not effective in judging the relative malignancy of an excised melanoma.

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THE ENDOMETRIUM IN MENSTRUAL DISTURBANCES OF THE CLIMACTERIC*

By GERTRUDE FLINT JONES, M. D.
San Francisco

THE term *climacteric* is used to designate the whole period of change in endocrine balance which takes place at the end of menstrual life. An important event at this time is the *menopause*, or cessation of the menses. This may occur abruptly, or it may be preceded by more or less marked irregularities in the intervals between bleeding episodes, or in the duration and amount of flow. The present study deals with the endometrial changes which occur in association with irregular uterine hemorrhage during the premenopausal period.

CLINICAL MATERIAL FOR THE STUDY

The material for this study was obtained from twenty climacteric clinic patients ranging in age from 38 to 52, with an average of 44½ years. In no case were gross pelvic lesions demonstrable.

A careful record of climacteric symptoms and menstrual or abnormal uterine bleeding was available, and an attempt was made to obtain from one to three endometrial biopsies from each patient. These were secured one to three days before the onset of bleeding, during the course of bleeding or, on three occasions, at the time of an expected flow which did not occur until three or four weeks later.

Among the twenty patients, one had continuous bleeding over a period of four months. The remaining nineteen exhibited periodic bleeding, but presented a wide variation in the length of the interval between bleeding episodes and in the amount and duration of flow. These variations were noted not only in individual patients, but also from period to period in a given patient. In only two instances was there any degree of regularity in the cycle.

* From the Department of Obstetrics and Gynecology, Stanford University School of Medicine.

Read before the Section on Obstetrics and Gynecology of the California Medical Association, at the sixty-eighth annual session, Del Monte, May 1–4, 1939.

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TABLE I.

ENDOMETRIAL BIOPSY.

Late stage of secretion	4
Early stage of secretion	1
Atypical stage of secretion	1
Stage of proliferation	4
Hyperplasia of endometrium	8
Atrophy of endometrium	2
TOTAL	20

One of these patients presented herself because of a marked increase in the amount of flow, and the other because of troublesome hot flushes for a few days before each menstrual period.

CLASSIFICATION OF BIOPSY SPECIMENS

A classification of the endometrial biopsy specimens is given in Table 1, and it is noted that they fall into four predominant groups: (1) Stage of secretion; (2) stage of proliferation; (3) hyperplasia of the endometrium; and (4) atrophy of the endometrium.

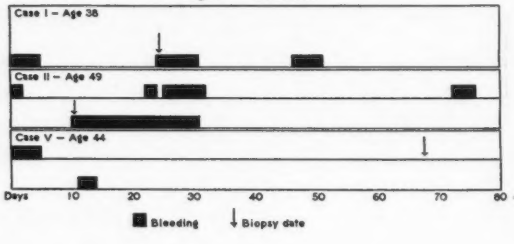
1. *Stage of Secretion.*—In four instances the endometrium presented the appearance of a normal stage of secretion (premenstrual phase), in a fifth the secretory changes were imperfectly developed, and in a sixth the endometrium undoubtedly belonged to this group, but there were a number of atypical features observable in the microscopic sections.

In five of the six patients the biopsy specimen was obtained just before or at the time of a period of bleeding, and it may, therefore, be assumed that ovulatory cycles were present.

Two of the cases presented unusual features (Fig. 1). In the first, there was a twenty-day bleeding episode from a normal stage of secretion. This clinical observation is in keeping with the condition of "irregular shedding of the endometrium," or "prolonged defective desquamation" recently described by Pankow,[1] Traut and Kuder.[2] Its exact significance is not known, but it may represent a local disturbance. At any rate, the abnormal bleeding usually responds readily to a curettage.

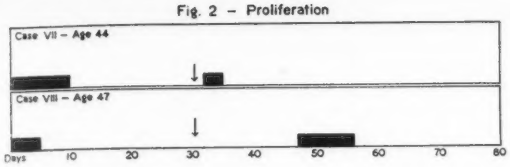
In the second, a somewhat atypical stage of secretion was noted in a biopsy specimen obtained on the fifty-seventh day of a ninety-day period of amenorrhea. The endometrium showed an extensive subnuclear vacuolization, with small piknotic

Fig. 1 – Secretion



Variation in cyclic bleeding from a Secretory Endometrium.

Fig. 2 – Proliferation



Variation in cyclic bleeding from a Proliferative Endometrium.
↓ Biopsy day.

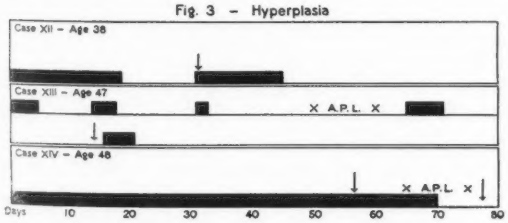
nuclei forced toward the lumina of the glands. Rock and Bartlett [3] cite one case in which a secretory endometrium was found, and later a proliferative phase with no demonstrable bleeding between the time of the biopsies. It is possible that a similar sequence of events occurred in this instance, but unfortunately no information is available as to the endometrium at the time of bleeding which occurred twenty-three days later. However, it is more likely that the corpus luteum persisted in an active stage during this time.

2. *Stage of Proliferation.*—This type of endometrium was observed in four instances. In two cases the bleeding did not occur until seventeen and twenty-eight days later, respectively. The information available, therefore, is of no value in interpreting the character of the cycle, except in so far as it denotes the ovarian process found in oligomenorrhea or infrequent menses (Fig. 2). However, in the other two instances the biopsy specimens were obtained two days before and with the onset of a "menstrual period," respectively, and may be considered as representing an "anovulatory menstruation."

3. *Hyperplasia of the Endometrium.*—It has long been recognized that the abnormal bleeding associated with "metropathia hemorrhagica" (Schroeder [4]) occurs from a type of endometrium known as "hyperplasia endometrii." In this series, as in almost all reports of abnormal uterine hemorrhage in the premenopausal epoch, it was the most frequent diagnosis and occurred in eight of the twenty patients. In one instance the biopsy was obtained during a four months' period of uterine bleeding, but the remainder reflected the endometrial picture in women with cyclic uterine hemorrhage (Fig. 3).

Metropathia hemorrhagica, with its accompanying hyperplasia of the endometrium, is a clinicopathologic entity and results from an ovarian dysfunction.[5] The uterine mucosa is stimulated by the hormone "estrogen" without the influence of the corpus luteum factor. It may be produced in a short time by the effect of large dosages of estrogen, or small ones over a long time. Since the estrogenic factor is so important in these cases, it is especially significant that none of these patients complained of the common climacteric symptom of hot flushes.

Fig. 3 – Hyperplasia



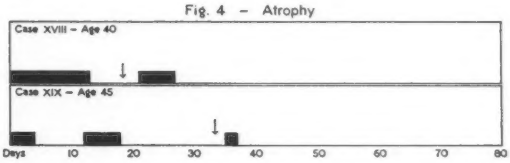
Variation in bleeding episodes from an Hyperplasia of the Endometrium.
↓ Biopsy day.

4. *Atrophy of the Endometrium.*—The fourth group is represented by two patients in whom the endometrium, at about the time of uterine bleeding, showed various degrees of atrophy (Fig. 4).

COMMENT

The small number of cases on which this study is based does not allow final deductions. It must be remembered, also, that the patients do not represent normal individuals, but a group who applied for treatment because of an abnormality, usually a disturbance in their menstrual experience. Nevertheless, certain observations point to a few important deviations from the normal menstrual cycle, which demand further investigation.

Fig. 4 – Atrophy



Variation in cyclic bleeding from an Atrophic Endometrium.
↓ Biopsy day.

It has been stated by recent writers,[6,7] that periodic uterine hemorrhage may occur from any histologic type of endometrium. The findings of this study support this assumption as applicable to the irregular periodic uterine bleeding of the premenopausal epoch. In addition, it is important to note that only five out of the seventeen patients in this group had cyclic hemorrhage following ovulation, such as occurs in the normal menstrual cycle. It appears, therefore, that with failing ovarian function bleeding may occur periodically, irrespective of ovulation.

Conversely, it may be stated that during the premenopause the menstrual disturbance *per se* is no index of the endometrial picture. This must not be construed as decrying the employment of uterine biopsies. The danger of carcinoma is always present, and all patients with abnormal uterine bleeding demand a thorough investigation.

The fact that none of the eight patients with hyperplasia of the endometrium complained of the vasomotor disturbance of the climacteric is of great interest. Such symptoms always have been attributed to an absence of ovarian function, while hyperplasia is due to the action of the estrogenic hormone. The two observations are thus perfectly in keeping and, from a practical standpoint, again point to the error of treating uterine bleeding with estrogenic hormone preparations.

CONCLUSIONS

1. Failing ovarian function is profoundly reflected in the endometrium during the premeno-

pausal period. Cyclic bleeding following normal ovulation was observed only in five out of seventeen cases. In other instances the bleeding occurred from an endometrium corresponding histologically to the stage of proliferation, atrophy, or hyperplasia.

2. The abnormal menstrual bleeding at this time is no index to the underlying endometrial picture.

3. Hyperplasia of the endometrium was the most frequent finding and occurred in eight of the twenty cases studied. None of these patients complained of climacteric vasomotor symptoms.

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SPINAL ANESTHESIA*

By Leo L. Stanley, M. D.
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AT the California State Prison at San Quentin, in the inclusive period 1913 to 1938, during which period approximately 38,000 men entered the institution, 4,892 general anesthetics were given; 200 of which were with the inhalants, and 4,674 with spinal anesthesia.

The use of the spinal form of anesthesia was more or less forced upon the Medical Department. In 1913 I was appointed chief surgeon of the California Prison. At that time there was a population of about 1,900 men. No provision had been made for a "free" assistant and, as I was the only doctor on the staff, I had to use one of the prisoners to give ether anesthesia whenever major surgery was required. This prisoner was a dipsomaniac. Following an operation he would purloin whatever alcohol might be left unguarded and would become intoxicated. Because of this it was necessary to discharge him from this duty. It then devolved upon me to not only give the anesthetic, but to do the operating. Spinal anesthesia offered a solution for this situation. As a result, spinal anesthesia has been used almost entirely for all operations below the nipple line at this prison during the past twenty-five years.

The summary does not include over 150 operations performed in the hospital on free people living outside the prison.

For the March, 1915, issue of the *California State Journal of Medicine* I wrote a paper on spinal anesthesia, based on 150 operations. In reviewing this article, one cannot but be impressed by the similarity in technique and results of twenty-five years ago and those found valuable at the present time.

Summary of Operations, 1913-1938

Operations on lower extremities		531
Operations on abdomen:		
Appendectomies	615	
Cholecystectomies	49	
Gastroenterostomies	115	
Herniotomies	1,100	
Miscellaneous	40	
		1,919
Operations on anus		921
Genito-urinary operations and examinations		893
Miscellaneous operations		410
Total		4,674

ANESTHETIC AGENTS

In the early years tropococain was used, but during the World War this could not be obtained and novocain or procain was substituted, and has been used continuously since.

The procain ampoules are prepared in our own laboratory. Two grains of the powdered drug are placed in the bottom of a long-size dram vial. The top is sealed over with a Bunsen burner. The ampoules are then sterilized in the autoclave.

PREOPERATIVE TREATMENT

The patient is not given any elaborate preoperative medication or sedation. Three-quarters grain of ephedrin is administered fifteen minutes before the time of the operation. The purpose of this is to keep up the blood pressure, which ordinarily falls with spinal anesthesia. Seldom is a sedative given, for it has been found that the patient frequently does better without one. But in nervous patients barbiturates are used. Very little morphin is given in prison. It is used to a minimum, both preoperatively and postoperatively. Nor do the patients often suffer from gas pains after the operation. It is not known whether this is due to the spinal anesthesia or the paucity of morphin.

INJECTION PROCEDURE

The patient is placed on the operating table in the operating room on his left side. An attendant brings the head to the knees, thus bowing the back outwardly. The back is painted with iodin or merthiolate and draped. A spinal needle is inserted in the space between the first and second lumbar spines. It is inserted directly inward, at a right angle to all surfaces.

In inserting the needle it is found best to grasp the needle near its point, with the butt-end of the needle in the palm. In this way the needle may be pushed through the skin without danger of bending or breaking.

The skin is not infiltrated with any anesthetic. The needle enters the dura with a distinct sensation transmitted to the hand of the operator.

On withdrawing the stylet, fluid emerges. A five cubic centimeter Luer syringe is attached, and about three or four cubic centimeters of fluid are removed. A small vial of the fluid is collected for serologic examination.

In the meantime, the ampoule is opened and the fluid in the syringe is mixed with the crystals until

* Read before the Section on Anesthesiology of the California Medical Association at the sixty-eighth annual session, Del Monte, May 1–4, 1939.

solution is reached. The syringe is again attached to the needle and, after withdrawing a few drops more of spinal fluid to insure that no air will be put into the canal, the procain solution is injected.

The patient is immediately placed in a Trendelenburg position. By the time the abdomen is draped the sensation of pain is gone and the operation may be started. Pain sense may, however, be determined by pinching the skin with tissue forceps.

The procain solution is heavier than the spinal fluid and gravitates toward the head, with the head lowered.

As soon as the field of operation is sufficiently desensitized, the table is leveled and the operation may begin. A screen is placed before the eyes of the patient. One assistant is assigned to taking blood pressure at five-minute intervals and to observing the patient. The patient, himself, may converse, and ordinarily has little or any uncomfortable sensation.

COMMENT

The attendant serves a good purpose by talking to the patient and diverting his mind from the operation. However, in many cases the patient will sleep, especially if a cold towel is placed over his eyes.

In operating, it is found that the abdominal wall is greatly relaxed. It is not necessary to pull and tug with retractors and to pack off the intestines with many surgical towels. Because of the relaxed belly wall, the operations may be done in very much less time.

Sewing up is quite simple, because there is no expulsion of intestines into the wound. Cholecystectomies, gastro-enterostomies, and other upper abdominal surgery, are done with a minimum of effort and inconvenience to both operator and patient.

On occasions, in handling the stomach the patient may become nauseated, and in gall-bladder conditions pain may be referred to the cardiac region and also to the shoulder, but this soon passes away.

With procain the anesthesia lasts from one to two hours. This is long enough to perform almost any operation, especially when all tissues are relaxed and easily handled.

Following the operation the patient is returned to his room and may then be given veronal or some other sedative in case the pain should early return.

In operations which do not involve the viscera, such as amputations and hernias, the patient may take fluid by mouth soon after the operation, and his diet need not be greatly restricted. In this way convalescence is hastened. Seldom is there headache. This is probably due to the fact that great care is taken not to introduce any air into the spinal canal. Ordinarily the morning following the operation the patient is alert, cheerful, smiling, and feels fairly well.

In our experience there is no maximum age limit. Old people tolerate spinal anesthesia better than they tolerate the inhalants. It is felt best not to administer spinal anesthesia to children, although it has been done without untoward results.

Ordinarily cardiac disease is not a deterrent to the use of spinal anesthesia. Blood pressure is reduced, and the patient is quiet and does not struggle as he might in taking ether.

In our twenty-five-year experience in administering spinal anesthesia to approximately five thousand patients, there have been only three deaths. Two of these were, in fact, hopeless cases. One was almost exsanguinated by a stab wound in the stomach and the other was a bleeding carcinoma of the kidney. The third one died through mistaken dosage of six grains of a new preparation recommended by the detail man. It is felt that spinal anesthesia should not be given to patients in whom there is great shock, as in the two instances cited above.

Two women, to whom the usual amount of spinal anesthesia had been given, stopped breathing within five minutes after the administration. With both of these women it was necessary to keep up artificial respiration for, respectively, an hour and an hour and a half before they began to breathe voluntarily. These experiences are rather nerve-wracking to the surgeon, but teach that one should persevere with the artificial respiration. Evidently the respiratory center was temporarily paralyzed, but resumed function when the procain became ineffective.

The dosage for appendectomies, hernias, and other operations below the waist line is generally two grains of procain. Upper abdominal procedures require four grains.

Only occasionally is spinal anesthesia ineffective. This is probably due to the fact that procain does not get into the spinal canal, though it may seem to have done so. There is no objection to giving the patient a second injection if the first is not satisfactory. Usually the second will be effective. There is no objection to giving a patient several spinal anesthesias at intervals of days or weeks if an anesthetic is required.

In our experience there have been very few complications—only a few headaches, and occasional gas pains; no ocular paralysis, no retention of urine, and comparatively few lung involvements.

It is the opinion of the surgical staff—judging from a twenty-five-year experience—that spinal anesthesia in the majority of cases is preferable to that of inhalants.

California State Prison, San Quentin.

REFRIGERATED CARTILAGE ISOGRAFTS

THEIR SOURCE, STORAGE, AND USE

By GERALD BROWN O'CONNOR, M. D.
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IN reconstruction surgery there is a constant demand for an all-purpose supportive and defect-filling material. This material should simulate, when feasible, the tissue for which it is substituting as to supportive function and its ability to correct contour defects, and, when possible, its histologic pattern. The graft substance must be

innocuous to adjacent tissues, nonabsorbent, resist infection, readily available in large quantities, simply prepared and sterilized, easily sculptured to the desired model and always "on tap" for immediate use. In the past six years I have found that what I term the "refrigerated cartilage isografts" have not only successfully met all of the above requirements, but also, by their versatility of application, have proved a most valuable adjunct to reconstruction surgery.

SOURCE OF MATERIAL

The cartilage is obtained from human material, preferably between the ages of eighteen and forty-five. With the wealth of available cartilage in the human body, one may be very select as to the donor. I use cartilage from individuals in the proper age group, who have met sudden death through some accidental means, excepting, of course, poison deaths. A Wassermann is done on the heart blood to prevent any medico-legal complications. Individuals who have, as their cause of death, tuberculosis, lues, septicemias, or other acute or chronic transmittable diseases, should not be used for donor subjects. One can readily see that, with the large number of accidental and functional deaths, a continuous and practically inexhaustible cartilage supply is available. The cartilage isografts may be used interchangeably, regardless of race, sex, color, age (within certain limits) or blood grouping. The types of cartilage used to date have been septal (not reliable), ear (partial or total), articular (few), and any of the sections of costal cartilage which is the main source of supply. The cartilage may be removed aseptically, if so desired; but this being unnecessary the cartilage is removed under clean conditions—completely cleared of any attached tissue and its perichondrium, washed with normal saline and then placed in a sterile container. The cartilage is then completely covered, by at least one inch, with a solution of one-part aqueous merthiolate (1-1000) and four parts of normal salt—called "merthiosaline," for pusposes of identification. This container is then placed in the refrigerator and left there continuously, being removed only when cultures are taken or the cartilage isograft is to be used for a transplant. After a new cartilage has been obtained, it is left in the original container for one week and then transferred, using aseptic precautions, to another sterile container and again submerged in the merthiosaline mixture.

COMMENT

The cartilage is not used unless the donor has a negative Wassermann, and until the isografts have had the refrigerated merthiosaline treatment for one week and two negative cultures have been returned. To date, after using over four hundred refrigerated cartilage isografts, a positive culture has not been returned from the stored material covered with the merthiosaline and kept in the refrigerator, as described above.

The cartilage isograft is very versatile in its application. I have used it to correct bony or cartilaginous defects of the head, face, chin, nose, and orbital rim. On several occasions, due to depressed fractures of the orbit, I have used it subperiosteally in the floor of the orbit, as a wedge, to elevate the eyeball to its normal position. The cartilage of the pinna has been utilized *in toto* or in part for total or partial reconstruction of the external ear, following traumatic loss or congenital absence of the ear. It has proved of value as a supportive and contour element in ear reconstruction, and necessary in the restoration of deformed "cauliflower" ears to normal.

Of the 400-odd refrigerated cartilage isografts that have been done over a six-year period, all but one have retained their original identity and have not absorbed. The cartilage isograft that absorbed was a section of rib cartilage that was used in the restoration of the bridge in a retroussé nose, following lues. The conditions found in this nose were typical: (1) loss of lining; (2) loss of supportive structure; (3) marked shrinking and retraction of the nose. In the dissection between the nasal covering and lining, a close attachment was found throughout with the mucosal lining replaced by thin cicatricial tissue. Three days after the graft was placed in position it became exposed through a defect in the lining, infection followed and the graft gradually absorbed. One year after all local drainage had stopped, another refrigerated cartilage isograft was reinserted in the same patient, and the isograft has remained *in situ* for over two years.

Seven of the cartilage isografts became infected, most of these having been used to reconstruct the nasal bridge. These grafts were sterile when inserted, but due to a break in technique, a hematoma, necrosis of the lining or latent infection in the sebaceous glands, infection supervened. When this infection proved to be streptococcic with toxic symptom, the graft was immediately removed, drainage and other local and general measures were instituted, and the symptoms subsided immediately. When the infection was not so severe, drainage, plus the other local measures, would control the infection, although the wound would drain longer with the isograft *in situ*. When the sinus would close with the graft remaining, there was an occasional minor loss of graft contour in the infected area due to a liquefying necrosis. These small contour defects were corrected at a later date, not sooner than six months, with additional refrigerated cartilage isografts.

Curling or bending of these grafts does occur, but with much less frequency than when using fresh autogenous cartilage grafts. This, I feel, is due to the fact that after the cartilage is removed, the perichondrium taken off, and the cartilage placed in storage, the graft will then assume the shape that the internal stresses and strains of the cartilage cells dictate. A straight or properly shaped graft can then be cut with a minimum of distortion to be expected. To further eliminate this distressing complication, the cartilage grafts have been sculptured to their desired shapes and replaced in the merthiosaline solution for later use. If curling occurs, it will be in the first twenty-four hours. These grafts may be removed and remodeled, or a

new isograft used. The use of too large a graft or increased skin tension over a part of the graft are two other contributing factors that play a big part in effecting a distortion in the cartilage grafts. This is obviated by using a smaller graft than needed under minimum of skin tension. If the defect is not corrected at the first procedure, additional cartilage is added after the covering skin has stretched.

IN CONCLUSION

1. The source of the refrigerated cartilage isografts is properly selected human material. This gives one an accessible, inexhaustible supply of spare parts for correcting contour defects and reconstructing the framework for facial appendages.

2. The cartilage supply is easily prepared and sterilized by denuding it of its perichondrium, and then placing it in a sterile container covered with one part 1-1000 aqueous merthiolate and four parts normal saline, which is kept constantly in the refrigerator.

3. The refrigerated cartilage isograft simplifies the operative procedures, and in my hands has entirely replaced the autogenous cartilage graft. It has been used to correct skull, facial, chin, nose and ear defects, total or partial, while also acting as the orbital floor to correct ptosis of the eyeball.

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QUANTITATIVE METHODS IN DIAGNOSIS OF BRAIN TUMORS*

By WILLIAM T. GRANT, M. D.
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THE nervous system is largely inaccessible to direct examination. In most cases even the x-ray is of little help without the preliminary injection of air or some other medium. Consequently, in making a clinical diagnosis, one depends almost entirely upon the abnormalities he may be able to detect during the neurologic examination. As Bazett [1] has pointed out, when the responses are simply observed and given an approximate value, the information gained is obviously much less dependable and significant than when the same responses are given an absolute value. This does not imply that the laboratory is expected to bear the burden of making a diagnosis but that, as scientific methods are introduced to aid our special senses smaller abnormalities will be detected, whereas now they are accepted as being entirely normal.

A brief case report is cited to illustrate this point.

REPORT OF CASE

A. C., a man of twenty-nine years, was seen in April, 1934. He had had convulsions since August, 1933, with no localizing data available. On admission, the neurologic examination revealed only a suspicious fullness of the physiologic cup in the right optic disc. Encephalogram (Figure 1) showed slight enlargement but no significant displacement of the ventricles. The right frontoparietal region was explored, but no tumor found. The man died of hyperthermia, temperature reaching 109.3 degrees by rectum, on July 15, 1934. At autopsy, a cystic astrocytoma was found in the left posterior frontal region (Figure 2).

* Read before the Section on Neuropsychiatry of the California Medical Association at the sixty-eighth annual session, Del Monte, May 1–4, 1939.

TABLE 1.—*Neurologic Examination*

Cranial nerves	Deep reflexes ×
1. Smell ×	Superficial reflexes ○
2. Fields —	Motor system
Fundi ○	Simple movement ×
Acuity —	Range of movement ×
3, 4, 6. Pupil:	Compound movement ×
Size ×	Tremor ×
Reaction ○	Postural fixation ×
Eye movements ×	Romberg ×
5. Sensory:	Rapidly alternating movements ×
Pain ×	Sensory system
Touch ×	Touch ×
Corneal reflex ○	Pain ×
Motor ○	Temperature ×
7. Sensory taste ×	Vibration ×
Motor ○	Position ×
8. Hearing —	Stereognosis ○
Vestibular function ×	Two-point discrimination —
9. Motor ○	Texture appreciation ×
Sensory ×	Mental status ×
10. Motor ○	
11. Motor ○	
12. Motor ○	

Table 1 contains the various points of interest in the neurologic examination. Following each part of the examination, a dash indicates that a quantitative test is already in general use. A cross indicates that a quantitative test has been devised. A circle indicates that our powers of observation and description must still suffice in recording this portion of the examination. It is proposed to review briefly those tests that are available, but are not in general use. For details the reader is referred to the more complete articles mentioned in the "References."

THE SENSE OF SMELL

Elsberg [5] has developed a quantitative method and applied it extensively. In the test, only two substances are used—coffee and citral. Bottles containing these materials have two openings. Through one a measured amount of air is injected. By the other, when the stop-cock is released, a blast of odor is allowed to flow into the side of the nose being examined. The smallest amount of odor, in cubic centimeters, that can be identified is called the minimum identifiable odor, abbreviated as M. I. O.

When this has been determined a constant stream of odor is injected for thirty seconds, and by then the odor is not perceived, due to fatigue. The time is then measured until the minimal amount of odor is again identified. This affords a measure of the fatiguability of the olfactory pathways. The results are found to correlate best with tumors in the frontal or temporal regions. A tumor pressing on the olfactory tracts will cause an increase in the M. I. O., but no change in the fatiguability. A tumor in the frontal lobe will cause the fatiguability to be prolonged, but no change in the M. I. O.

In sixty-one cases of brain tumor examined by Elsberg,[6] the correct side was indicated in 77 per cent and, of these, 80 per cent were localized in the correct lobe.

EYES

Pupils.—It is difficult to measure the pupil within one millimeter, but a simple camera with long bellows and ground glass allows a magnified image to be measured accurately.

Eye Movements.—An instrument, now available to study the eye movements while reading, makes

Fig. 1

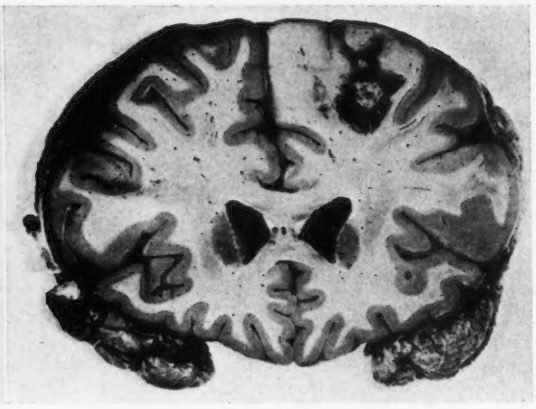

Fig. 2

Fig. 1 (Case 1).—Encephalogram shows ventricles slightly larger than normal. The body of the left lateral ventricle is slightly lower than the right. By measurement, there is no shift across the midline.

Fig. 2 (Case 1).—Coronal section of brain through anterior horns of lateral ventricles. The tumor, cysts, and softened brain are shown in the upper medial portion of the left frontal lobe. Although the neurologic examination and the encephalogram did not localize the tumor, it is possible that the quantitative methods now available would have disclosed its position.

an excellent record of abnormal eye movements, and allows a fine analysis of nystagmus.*

PAIN

The algesimeter is used to determine, in grams of weight, the pressure necessary to cause pain or to produce the sensation of sticking. Head and Holmes [10] described such an instrument. The scale reads from 0 to 10 grams. Of course, the comparison between the two sides is of greater significance than between the result and the known average value.

TOUCH

In the same way, the esthesiometer measures, in milligrams, the lightest pressure that can be felt. A simple model now in use by the author (Fig. 3) produces pressure of from 10 to 300 milligrams. A pressure of 10 milligrams can seldom be felt on the palm or finger-tips.

Thompson [22] utilized a lever falling through a measured distance and determined, as well, the necessary duration of the stimulus.

The earliest and most widely used method is that of von Frey,[7] in which hairs of different diameters are used. The result is expressed in milligrams per millimeter radius of hair.

TASTE

When an electrode is touched to the tongue and a direct current passed through, the production of an acid taste normally occurs at the cathode. The smallest current that will do this affords a measure of the sensitivity of taste. While not giving an absolute figure, it enables the two sides of the tongue to be compared quantitatively, or the same side to be observed from time to time.

VESTIBULAR SENSE

The generally used vestibular tests have a quantitative value when the amount of fluid necessary to produce a response, its rate of flow and its temperature are measured. Electrical stimulation has been carried out and popularized by Blonder and Davis,[2] who found that normally a response should be obtained, using from 0.5 to 2.0 milliamperes of current, when the subject falls toward the anode or away from the cathode. The individual canals cannot be tested in this way, but the two sides can be tested separately.

SENSATION

Two-point discrimination is, *per se*, a quantitative method. Stereognosis does not lend itself to measurement.

To evaluate texture appreciation, Ruch [20] used grades of emery paper from 000 to 3.0 and then a grater, providing ten degrees of roughness.

Vibratory sensation is tested quantitatively by Newman, Doupe, and Wilkins.[15] They use the method as previously outlined by von Bogh,[3] Sitzepfand,[21] and Hugony.[12] In it, the pole-piece of an electromagnet is caused to vibrate by passing an alternating current through the coil. The frequency, voltage, and current used are measured. Thus the beat frequency and the strength of stimulus can be controlled and measured. Both heavy and light contact with the skin are tested. A standard frequency of 200 cycles per second was found to be best, varying only the strength of stimulus.

Head and Holmes [9,10] described a simple instrument to evaluate position sense. A movement of the fingers through one degree was normally perceived.

* This instrument, called an ophthalmograph, is distributed by the American Optical Company.

Fig. 3

Fig. 3.—A simple esthesiometer, consisting of a fine wire, monel metal, 0.004 inch in diameter, attached to the end of a rod. By sliding the sheath, the length of exposed wire and the pressure it exerts are varied. Graduations on the rod correspond to pressures at the end of the wire of from 10 to 300 milligrams.

For testing temperature sensation, Dallenbach[4] outlined a simple instrument in which the temperature and pressure against the skin, as well as the area of contact, are controlled. Lanier[14] described a simpler instrument and a very convenient one.

To evaluate the sense of weight, Head and Holmes[10] tested the patient with weights placed on the supported hand and on the unsupported hand, and by having him heft different weights.

MOTOR SYSTEM

In a recent article by Holmes,[11] graphic records are shown of simple movements, movement against resistance, tremor, range of movement, compound movement, postural fixation, movements involving change in direction, and rapidly alternating movements.

In recording Rombergism, a short pencil on a circular base is strapped on the vertex. A light board holding a sheet of paper is allowed to rest on the pencil point, and the path of the head is thus obtained.

Kolb and Kleyntjens[13] studied respiratory movements, by graphic methods, in patients with hemiplegia and found a difference between the quiet involuntary movements and the forced voluntary movements. Both types of movement were characteristically altered on the abnormal side.

Many investigators have worked on myograms and on the reaction time. It has been well demonstrated that graphic records of muscle responses give much more information than can be caught by the eye of an observer. Pritchard[16] has shown that early spasticity alters the contraction curve in a characteristic way before reflex changes are evident to the eye.

Electromyographic studies yield further information regarding muscle contraction and reflex action. Pritchard[17,18] and Lindsley[19] have reported extensively on this subject.

ELECTRO-ENCEPHALOGRAPH

The electro-encephalograph is not an instrument that can be applied as an adjunct to every neurologic examination. It should be mentioned, however, in any account of scientific methods of use in intracranial diagnosis. A great variety of controlled experiments and of clinical results has been reported, and already certain abnormalities in the tracings have been given fairly definite significance. Williams and Gibbs[3] provide a clear description of the method as it is now applied.

MENTAL STATUS

Gantt[8] has reported a relatively simple electrical apparatus that allows one to reach a figure representing certain aspects of mental behavior. Naturally, the results are of only comparative value.

SUMMARY

Many parts of the neurologic examination can be carried out quantitatively and graphically.

Several methods, not in general use, are touched upon.

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VENEREAL LYMPHOGRANULOMA: PUBLIC HEALTH ASPECTS

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AS a problem in public health and because venereal lymphogranuloma is not generally recognized, we feel justified in presenting a brief résumé of the salient features of the subject. Although this disease is reportable under the new Venereal Disease Act (Assembly Bill No. 2790,

passed by the California State Legislature in 1937), reports, as far as San Francisco is concerned, have been singularly lacking or meager in the official records of the Department of Public Health.

EARLY STUDIES

Venereal lymphogranuloma was first described as a clinical entity by Durand, Nicolas, and Favre in 1913.[1] These authors recognized the disease in France, and proved to their own satisfaction that it was of venereal origin and was frequently contracted within their own country. In 1925 Frei,[2] in Germany, introduced a specific skin test for the diagnosis of the disease, which has come to be known as the Frei test. This test, when performed with a known human antigen, is specific for the disease. Soon after the test's introduction it became evident that venereal lymphogranuloma was not a new disease but included physical findings of unknown origin, some of which had been described as early as 1825. In 1932 De Wolf and Van Cleve[3] pointed out the relative high incidence in this country. In 1933 Hoffman[4] reported eleven cases in California, eight of which patients contracted the infection in this state. Many reports have appeared in the literature since that time.

It has been demonstrated quite conclusively that venereal lymphogranuloma is caused by a virus. Tamura[5] has been able to produce a growth in Maitland's medium to transmit the virus through the guinea pig and to recover it in culture again. The material from a culture of this agent, after heating, has been used for skin testing.

Although in the beginning it was thought that venereal lymphogranuloma was a disease confined to men and manifested itself only in the form of a swelling of the inguinal glands which occasionally ruptured, forming draining sinuses in the groin, it is now quite evident that both men and women are affected, and that the lesions are by no means limited to the inguinal glands.

INITIAL LESIONS

The initial lesion in the great majority of cases in both male and female appears on the genitalia, although occasional extragenital lesions on the face, fingers, cheeks, etc., have been described. Extragenital lesions on the anus are by no means rare, particularly in the male, and, as will be mentioned later, usually result in more extensive involvement of the rectum.

The initial lesion is usually transient in nature, appears one to three weeks following exposure, and, in the majority of cases, disappears spontaneously after from three to five days. This lesion is usually quite small, is not painful, and often escapes the attention of the patient, particularly so in females. The patient may exhibit general symptoms during this stage, such as low-grade fever, headache, and malaise.

Some cases have been known to exhibit a generalized adenopathy, enlarged spleen, swollen joints and, at times, skin eruptions in the form of nodules of the type of erythema nodosum and erythema multiforme. Occasionally, the primary lesion in the male manifests itself as a nonspecific urethritis.

From four to six weeks after exposure the lymph glands draining the region primarily inoculated become swollen and tender. The skin overlying the glands takes on a characteristic bluish-red hue and soon becomes attached to the underlying glands, which in themselves become firmly matted together. As a rule, the glands soon soften, forming cold abscesses, which break down to form single or multiple fistulae. In certain cases the glandular swellings regress spontaneously without fistula formation. In the male these changes usually take place in the inguinal glands, because the lymphatic drainage of the penis is primarily to these glands. Primary lesions on the clitoris and vulva in the female also lead to inguinal gland involvement; however, posterior urethral infections with the virus, as well as primary lesions in or about the anus, lead to rectal involvement because the lymph drainage of these regions is to the lymph glands surrounding the lowermost segment of bowel. In women, inguinal adenitis is not the rule because, other than the regions mentioned above, the lymphatics of the vagina drain mostly to the deep pelvic glands, causing lymph stasis in the genital, anal and rectal regions.

RECTAL LESIONS

Although inguinal adenitis is by far the most common clinical manifestation of venereal lymphogranuloma encountered, the rectal lesions are infinitely more serious and difficult to treat. This type of lesion, both in the early and late stages, has been described in detail by one of the authors elsewhere.[6] It is important to recognize that the early clinical manifestations of rectal involvement are often indistinguishable from those of any other irritative lesion in the lowermost segment of bowel, and are, therefore, apt to go unrecognized or to be attributed to some other disease. Rectal examination in the early stages may reveal no more than a localized swelling of the mucous membrane of the anal canal or a diffuse edema of the mucous membrane throughout the lower segment of bowel. Later on, as the disease in the rectum progresses, bloody mucous diarrhea becomes prominent. Examination at this time usually reveals an inflammatory stricture of the rectum, most often encountered within the distal six centimeter of bowel. In the late stages perirectal abscesses and fistulae may develop. These inflammatory strictures are usually quite characteristic and, once recognized, are not easily confused with other types of pathology in the rectum. The type of stricture may vary from a thin annular diaphragm of fibrous consistency to a long tubular, funnel-shaped constriction from 2 to 6 centimeters in length, of India-rubber consistency, and granular to palpation.

The mucous membrane of the bowel immediately above the stricture is normal in appearance, whereas, that covering the granular constricted area is hyperplastic and glistening in appearance.

DIAGNOSIS

A positive diagnosis depends upon the skin test obtained by injecting 0.1 cubic centimeter of a human antigen intracutaneously, preferably on the

flexor surface of the forearm. A positive reaction gives evidence of an acquired specific allergy, which in most instances continues throughout the life of the patient. Consequently, a positive test does not necessarily indicate the presence of a recently acquired active infection. Old, completely healed infections may eventually give positive reactions. The Frei test, however, properly performed and controlled, is reliable, and in the presence of active lesions leads to a positive diagnosis.

The prevalence of venereal lymphogranuloma in California is apparently unknown. A review of a recent survey of adults in the San Francisco Hospital of the Department of Public Health would indicate that it is much more common than has been formerly recognized, and that it is definitely a menace to public health. The results of a survey of 405 adult patients in the general wards of the San Francisco Hospital of the Department of Public Health showed, when the Frei test was used: 394, or 97.3 per cent, negative; 11, or 2.7 per cent, positive. Patients investigated because of clinical evidence of venereal lymphogranuloma were not included in this group. Many of the patients in this series in whom positive or questionable reactions were obtained were found, on careful questioning, to have had one or several clinical manifestations suggestive of the disease during their adult lives.

SAN FRANCISCO SERIES

During the past year, at the San Francisco Hospital of the Department of Public Health, twenty-one new cases of venereal lymphogranuloma have been studied. It must be remembered that this number includes only those indigent patients who required hospitalization, because of the extent of their clinical lesions.

COMMENT

The relative frequency of positive Frei reactions in patients with no clinical manifestations of the disease, and with no history of previous active lesions, cannot be emphasized too strongly. How easily the disease may be transmitted by other means than sexual intercourse is not known. Many extragenital, primary lesions have been reported in the literature. Undoubtedly, many more have been unrecognized and undiagnosed. There is no question that we are confronted with another venereal disease which is spread, in the majority of instances, by sexual congress and the late manifestations of which are extremely chronic and devastating. Unfortunately, we still know very little of the epidemiology. Too frequently we have found a positive Frei test accompanied by clinical manifestations in a patient whose mate shows only a positive Frei test with no history of a primary lesion or late clinical manifestations. Who was responsible for the infection? Inasmuch as the Frei test remains positive throughout the life of the individual, we have as yet no means of ascertaining when or how long a patient is in the infectious stage.

It is our conviction that a great many infections with the virus of venereal lymphogranuloma are acquired through the same sexual contact leading to the initial infection with any of the other venereal diseases, and may thus go unrecognized. For this reason we believe that any venereal infection should be considered a mixed infection and that the Frei test should be used in these cases just as frequently as the serological reaction for syphilis or a smear for gonorrhea.

PUBLIC HEALTH PHASES

The public health measures necessary in the prevention of this disease will become evident only through a more comprehensive knowledge of its occurrence and epidemiology. The multiplicity and extreme seriousness of the late manifestations, the inefficacy of all known methods of treatment, and the relative frequency of venereal lymphogranuloma emphasize the importance of its early recognition and prevention.

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BENJAMIN FRANKLIN KEENE*

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DR. Benjamin Franklin Keene came from Georgia to Placerville, California, in 1849, to engage in mining, which he soon abandoned in order to resume the practice of medicine. In 1851 he was elected to the State Senate, where he served for a period of four years. Shortly before his death he received the nomination for state treasurer. He was elected president of the Medical Society of the State of California, March 13, 1856, on which date the Society was organized. His death in September of that year cut his tenure of this office to barely six months. Doctor Keene belonged to that group of Southern gentlemen who migrated to California during the gold rush, activated by the spirit of adventure rather than by a desire to gain sudden wealth. Among them were many doctors of medicine who were instrumental in the establishment of the State's government upon a sound and substantial basis. Doctor Keene inspired confidence in his fellow men, and was warmly praised for his honesty and integrity.

Prior to 1856 there was no medical organization in California. The gold rush had attracted many charlatans who laid claim to training in medicine, but who actually had no moral or legal right to treat the sick and injured; men whose only interest lay in the extraction of gold dust from their pa-

* From the Department of Vital Statistics, California State Board of Public Health.

tients. The call to organize a state medical society was issued by Dr. Thomas M. Logan, a South Carolinian, who settled in Sacramento in August of 1850, and Dr. E. S. Cooper of San Francisco, who came from Illinois in 1855. Realizing the need for unity in a medical organization, all individuals who called themselves doctors of medicine were invited to attend the meeting for the purpose of organization.

The status of the profession at that time, as described by an early historian, is of interest. Practitioners of the early 50's were said to consist of three parties: first, those who were earlier residents of California—"old-established practitioners"—and who were willing to have medical discussions, provided that only certain individuals were allowed to participate; second, a group smaller in number, composed of old-timers as well as newcomers—men who were anxious to see justice done to all, who had no animosities to settle, and were strongly bent on making the Society one of medical improvement; and third, a group composed of more recent arrivals in the state—leaders, active and progressive, but who were willing to make concessions for securing harmony. There was a violent conflict between the first and the third groups. The first "party" had been accustomed to habits of idleness, indolence and ease. Its members were more fond of amusement than of study, and could not brook the idea of being compelled to go to work in earnest for the advancement of medicine on this coast, or lose their claimed prestige in consequence of the system and activity of others.

Doctor Keene was selected to bring harmony among these conflicting groups. Because of his service in the State Senate he had become widely acquainted, and his reputation for honesty and integrity inspired confidence among all practitioners of medicine within the state. His untimely death might have forestalled the stormy existence of the Society during its early years, and its dissolution in 1860, not to be reorganized until October 19, 1870, when Dr. Thomas M. Logan, secretary of the newly established California State Board of Health, was elected president of the Medical Society. On that date, in his address before the Society, Doctor Logan said:

Prior to this organization, as most of you will remember, the medical mind was in a state of inertia—the profession in a chaotic condition. The dominant materialism of the Golden Age, which had invaded every department of human

(Continued on Page 40)

CLINICAL NOTES AND CASE REPORTS

UNDULANT FEVER (BRUCELLOSIS)

By GEORGE H. BECKER, M. D.
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AS diagnostic procedures are improved, it would appear that Brucella infection is much more common in the United States than has heretofore been thought. Reports indicate that the known incidence of the disease has increased rapidly. The literature shows that much work is being prepared upon this subject. New techniques for diagnosing this condition are being brought forth from our research centers. The practitioner is now quite aware of the possibility in any case characterized by prolonged and wavering pyrexia.

Much less satisfactory are the reports upon therapy. So numerous are the treatments employed that the practitioner may yet be confused as to the best treatment to offer his particular patient.

In evaluating the reports upon therapy, we find that almost as many suggestions are offered as papers written!

Specific and nonspecific vaccines show some success. Various drugs and chemicals have been used with good results. Oral and intravenous methods are recommended. The series is usually small and many failures are noted; the one common factor in most successful treatments seems to depend upon a general systemic reaction or protein shock. The accompanying fever has usually been transient and more or less uncontrollable.

Regardless of methods used, the best results seem to follow the more severe thermal reaction. Most writers agree that the specificity of vaccines used is unimportant, and the results vary chiefly with the degree and extent of the reaction. As some patients respond but slightly to vaccine injections, it would seem logical to produce the hyperpyrexia by more easily controllable means.

Artificial fever can be easily regulated, both as to degree and duration, by one of the several mechanical methods now in use.

The following is an account of the treatment of a case of brucellosis by artificial fever, followed by permanent recovery.

REPORT OF CASE

Mr. J. A., aged 57, executive-salesman. Admitted to hospital on January 31, 1938. Present illness began with loss of appetite and weight, lethargy, lack of ambition, weakness, slight cough, gastro-intestinal distress, daily fever. This was about Christmas Day, 1937.

A diagnosis of influenza was made and the patient confined to bed and treated with salicylates and forced fluids. After three weeks of such treatment he was seen by the writer.

The history showed that, as an executive, he had no contact with any animals, and, disliking milk, he had only occasionally consumed milk, which was always pasteurized. Questioning, however, revealed week-end visits to a friend's country place, upon which were some cows and hogs. On these visits he occasionally participated in work with the animals and about the barns. He also recalled that, while deer hunting, he drank water carried from the dairy in five-gallon milk cans.

Past History.—His health had always been excellent, except for a gastric ulcer twenty years ago, which was healed by medical treatments. No operations or accidents.

Examination showed a man of fifty-seven years lying in bed quite depressed and apprehensive. He had lost about thirty pounds weight (from 143 to 112 pounds), and presented an emaciated appearance. The temperature was 101.4 degrees Fahrenheit; the pulse, 120; respiration, 26; the blood pressure was 125 systolic, 80 diastolic. The head and neck presented no abnormalities, save small atrophied tonsils. The thyroid was slightly palpable. The heart was negative, except for a soft systolic murmur at the apex, not transmitted. A few coarse bronchial râles were present. The abdomen was negative to examination, as were the extremities. The reflexes were all present and physiologic.

Laboratory Examination.—Blood count: Hemoglobin, 14.7 grams; red blood cells, 4,820,000; white blood cells,

10,800; neutrophils, 24 per cent; lymphocytes, 68 per cent; monocytes, 5 per cent; basophils, 1 per cent; eosinophils, 1 per cent. Urine was negative for albumin, sugar, and abnormal cells. Widal was negative. Wassermann was negative. Roentgenograms of the chest were negative. Undulant fever agglutination was four plus in dilutions from 1:40 to 1:2560, for Brucella abortus. Phagocytic index for Brucella, 18.16. Complement-fixation for Brucella, positive in 0.0005 cubic centimeters (four plus). Absorption test, abortus-porcine group.

Following the diagnosis of undulant fever on January 19, 1938, sulfanilamide therapy was instituted, and the patient received 30 grains the first day and 60 grains daily for the following ten days. The symptoms were affected but slightly. The patient was hospitalized on January 31, 1938, and vaccine therapy instituted.

Mixed typhoid vaccine was given intravenously and repeated every two to three days in a dose of seventy-five million. The usual reaction of chill, fever (103.4 degrees), sweats was obtained with each injection. Within twenty-four hours the temperature was normal and remained so until the next injection. These were repeated every two to three days for six treatments, after which the patient was afebrile for two weeks.

With a return of the fever we instituted artificial fever therapy. The temperature was elevated to 103.8 degrees Fahrenheit and maintained for five hours, following which temperature returned to normal. He was dismissed from the hospital on March 8, 1938. His appetite returned, his weight improved, and within a few weeks he was back at work and has since enjoyed the best health of his life, with a steady increase in weight. He is now weighing his maximum (150 pounds) one year later.

COMMENT

We offer a case which failed to respond to the commonest forms of therapy, and was permanently cured by artificial fever therapy.

450 Sutter Street.

EXTREME LEUCOPENIA IN CHRONIC PLEURAL TUBERCULOSIS

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San Francisco

REPORT OF CASE

C. D., age sixty-four years, employed as a pumper; twenty-five years' service.

When he entered the Southern Pacific Hospital on December 14, 1935, after having had three or four entries for minor injuries (the latest one nine years previously), he was found to have an acute bronchitis, possibly an influenza, which was epidemic at the time, with a pleuritis at both apices. His pulse was between 80 and 100 when he entered. He had no fever. His blood pressure, however, was 170/98. No findings in the urine. He had a red count of 4,000,000; 76 per cent hemoglobin; 3,200 whites; 78 per cent neutrophils; 17 lymphocytes; 5 large mononuclears.

His x-ray report showed discrete calcic deposits in the upper portion of the left-lung field and near the left base, with an irregularity of the right diaphragm; clouding of both apices.

He made an uneventful recovery.

He reëntered on January 8, 1936, with a fracture of the left humerus. He ran a low fever of one-half to one degree for four weeks, and his pulse was constantly rapid. He was discharged from the hospital with the fracture repaired, but still with a rapid heart and one-half degree of fever. His blood counts were significant: 69 per cent hemoglobin, 3,500,000 reds on January 9; increased to 91 per cent hemoglobin, and 4,500,000 twenty days later:

1936	White Blood Cells	Neutrophils	Lymphocytes	Large Monocytes
January 9	1,900	72	26	2
January 10	2,250	74	22	4
January 15	1,750	72	22	6
January 29	1,000	70	24	6

The patient again reëntered in January, 1937, with a bronchitis and a very rapid heart, between 90 and 102. The significant factor this time also was the leukopenia with 3,250 whites, 45 per cent neutrophils, 50 lymphocytes, and 4 large monocytes, with one per cent eosinophils.

Two months later he was back in the hospital with his now chronic bronchitis, and again a very rapid heart action and a hypertension of 180/100. There was no anemia, but 1,550 leukocytes with 52 per cent neutrophils, 44 lymphocytes, 2 large monocytes, and 2 eosinophils.

He was pensioned and took good care of himself, so he said, but returned to the hospital in August, 1938, and remained until his death, a month later. His heart fibrillated all this time, and there was a decompensation and a pleurisy with effusion on the right side. He ran a fever to 100. His pulse rate at the wrist was recorded between 90 and 120. He refused to have fluid withdrawn from the chest and refused a sternal puncture in order that we might make some study of the hemopoietic system.

He entered with a slight anemia, which improved with iron. The significant thing, however, was his marked leukopenia with relative lymphocytosis. The counts were as follows:

1938	White Blood Cells	Neutrophils	Lymphocytes	Large Monocytes	Eosinophils
August 23	750	48	52	....	....
August 24	800	64	24	12	....
August 30	1,150	56	42	....	2
September 1	500	72	28	....	....
September 6	600	28	72	....	....
September 9	750	36	60	4	....
September 13	350	40	56	4	....
September 16	250	40	60	....	....
September 19	1,500	64	28	8	....

The patient was followed in the out-patient department on several occasions when not in the hospital, and various remedies were used which we thought might increase his leukocyte count. It is interesting to note that, on several occasions, the blood pressure was found to vary between 138/78 and 170/110.

The tendency to an anemia was treated constantly with iron, and various methods of stimulating the white cells were tried—sterile milk among them. The white count in October, 1936, was 1,600 with 60 per cent lymphocytes, and this occurred one year after he had had a pneumonia, presumably influenza. The neutrophils got up to 56 on one occasion and 64 on another, but the total whites did not rise above 1,400. At a later period, when he seemed quite well, his total whites were 1,750 with 76 per cent neutrophils; but on the last out-patient visit before his final entry to the hospital he had only 750 cells with 30 per cent neutrophils.

Autopsy No. 975A. September 20, 1938. A. M. Moody, M. D., Pathologist.

Cause of Death.—Tuberculous pleuritis with effusion, compression atelectasis and pulmonary thrombosis with infarction, and terminal lobular pneumonia.

Gross Anatomy.—The spleen is 15 by 11 by 4 centimeters and weighs 335 grams. It is hyperplastic in type and its capsule is irregularly thickened.

The gall-bladder contains thick bile and seven gallstones, the largest of which is 1.2 centimeter in its greatest diameter.

The external surface of the right lung is covered with a fibrinopurulent exudate over the inferior portion of the upper lobe, and the entire surface of the middle and lower lobe. There is a compression atelectasis and some consolidation of the lower lobe. There is an embolic-like occlusion of the pulmonary artery to the lower lobe.

Histologic Examination.—Lungs: Fibrinocaseous pleuritis (tuberculous), compression atelectasis, edema, pulmonary thrombosis and infarction with terminal lobular pneumonia.

Heart: Moderate coronary arteriosclerosis, myocardial hypertrophy, and edema.

Liver: Cloudy swelling and slight fatty changes.

Gall-bladder: Chronic cholecystitis and cholelithiasis.

Adrenals and pancreas: Unaltered.

Spleen: Hyperplastic splenitis with chronic (perisplenitis) thickened capsule.

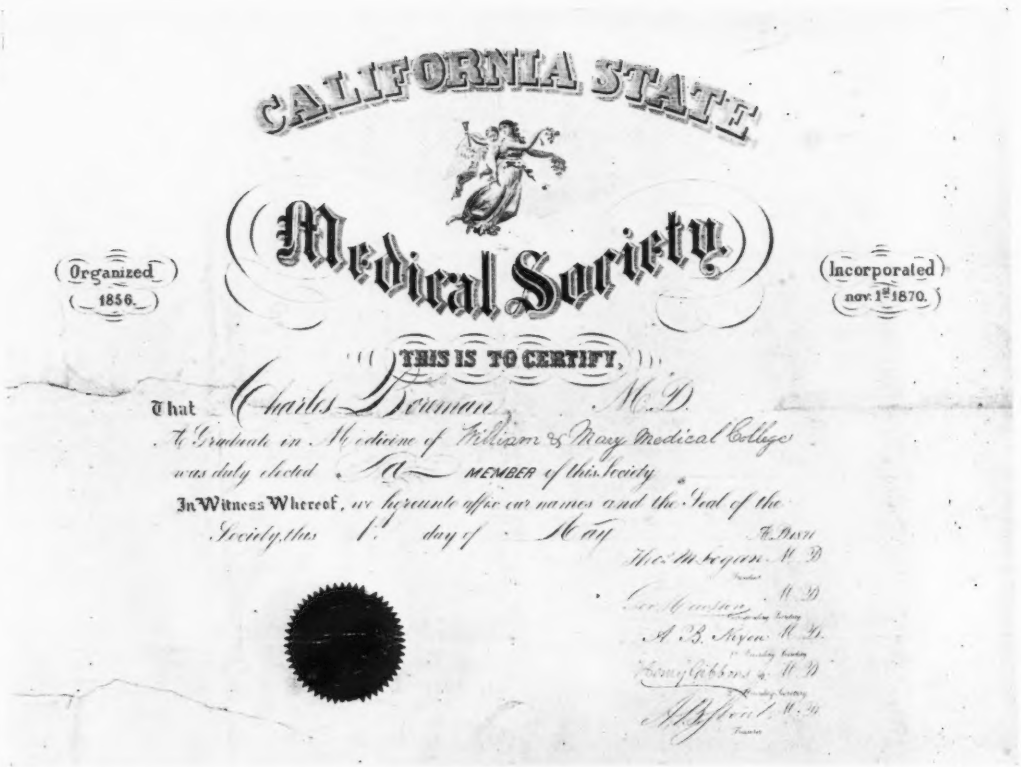
Kidney: Scattered regions of interstitial nephritis, moderate edema and cloudy swelling.

Urinary bladder: Unaltered.

Bone marrow: Devoid of noteworthy alterations.

CALIFORNIA MEDICAL ASSOCIATION

This department contains official notices, reports of county society proceedings and other information having to do with the State Association and its component county societies. The copy for the department is submitted by the State Association Secretary, to whom communications for this department should be sent. Rosters of State Association officers and committees and of component county societies and affiliated organizations, are printed in the front advertising section on pages 2, 4 and 6.



Certificate of Membership in California State Medical Society, dated May 1, 1871. Issued to Charles Boreman, M. D., and signed by Thomas M. Logan, M. D., President. (For editorial comment, see in this issue, on pages 2 and 6.) For other information concerning Charles Boreman, see letter below.

AN INTERESTING LETTER CONCERNING THE MEMBERSHIP CERTIFICATE ISSUED TO CHARLES BOREMAN, M. D.

(COPY)

San Francisco, March 29, 1939.

George H. Kress, M. D.
California Medical Association
450 Sutter Street
San Francisco, California

Dear Doctor Kress:

Your letter of March 28 received and contents noted. It occurred to me that perhaps I could give you a few highlights on Doctor Boreman.

It appears that I have been the only one for a long time to take an interest in our family history. While my curiosity began some years ago, the information I have is, of course, limited.

I do know from records that I have received that Doctor Boreman was graduated from Georgetown University, and that he was one of fourteen other Boremans that have graduated there. Among them, his father, Admiral Charles Boreman, who is especially mentioned in "Miniatures of Georgetown" by Father Coleman Nevils, S. J. He was also a graduate of William and Mary College, and I believe got a degree from the University of Maryland. He received his right to practice before he was twenty-one, and I understand, in getting his degree, that he had to advance his age erroneously a few months. He also won all of the honors, medals, and scholarships given to his class during this time.

Then he and his brother came to California (we think it was some time in the early fifties), and from the gold that he and his brother mined they made a ring for his father.

Doctor Boreman married my grandmother, a Mary Morse, who was a widow with two children, living at Lancha Plama. The place is now a ghost town. On August 15, 1858, his first child was born, a boy named George, who was the first of seven children (my mother being one of them). I know they stayed at Lancha Plama until after 1866, and then they moved to Jackson, Amador County.

While the membership certificate is dated 1871, I know that he practiced medicine previous to that, as he was County Physician; and was County Physician when the present County Hospital at Jackson was built. He died in 1879, so he must have been appointed County Physician in 1859, to have served twenty years.

Doctor Boreman was very well known throughout Northern California for his surgery, and was called to San Francisco by a number of the leading physicians to perform very difficult operations. I have been told a number of times that among these doctors whom he consulted with were Doctors Lane and Gibbons.

It is my belief that Doctor Boreman had been commissioned by the Government to stamp out a "smallpox epidemic" that had broken out among the Digger Indians, just above Jackson, and that he had been successful in this but had contracted smallpox himself and insisted on staying at the "pest house" rather than to go to his home or the hospital for care. The lack of care received probably resulted in pneumonia. He died as the result of the complications.

Thanking you again for the courtesy extended me, I am,

Very respectfully,

THOMAS B. SMITH.

Robert Dollar Building.

CALIFORNIA MEDICAL ASSOCIATION†

CHARLES A. DUKES.....President
HARRY H. WILSON.....President-Elect
LOWELL S. GOIN.....Speaker
KARL L. SCHAUPP.....Council Chairman
GEORGE H. KRESS.....Secretary and Editor

INDEX

OFFICIAL VISITS BY PRESIDENT CHARLES A. DUKES AND PARTY

In November last, President Charles A. Dukes of Oakland started on a new round of official visits to component county societies north of the Tehachapi. In turn, visits were made to Humboldt County Medical Society at Eureka; to Siskiyou County Medical Society at Yreka; to Shasta County Medical Society at Redding; to Tehama County Medical Society at Red Bluff; to Butte County Medical Society at Chico; and to Yuba-Sutter County Medical Society at Marysville.

In these visits, President Dukes was accompanied throughout by Association Secretary George H. Kress; and in the several councilor districts by Councilors Henry S. Rogers of Petaluma, Frank A. MacDonald of Sacramento, and Frederick N. Scatena of Sacramento.

The general and councilor officers spoke on organization problems and the activities of the California Medical Association, inviting questions on all matters pertaining thereto. A guest speaker, who presented a scientific topic, also took part in each of the meetings. These guest speakers were Doctors Albert H. Rowe of Oakland, Dwight L. Wilbur of San Francisco, and Clifford D. Sweet of Oakland.

President Charles A. Dukes and Counsel on Public Relations, Mr. Ross Marshall, gave addresses at the annual meeting of the San Francisco County Medical Society on December 12, 1939.

The Yolo-Colusa-Glenn County Medical Society held a special meeting on Sunday, December 3, at Woodland, at which President Dukes, Association Secretary Kress, and Councilors MacDonald and Scatena took up organization problems, the scientific topic being discussed by Dr. Dwight L. Wilbur.

Plans are in the making for visits to other societies in the Bay region and the San Joaquin Valley, the following dates having been selected up to the time of this writing: Santa Cruz, San Benito and Monterey on January 4; Sacramento Society for Medical Improvement on January 16; San Joaquin County Medical Society on February 1; and Alameda County Medical Society on February 19. In these visits, District Councilors A. E. Anderson of Fresno, C. Kelly Canelo of San Jose, and Oliver D. Hamlin of Oakland will be present.

President-Elect Harry H. Wilson of Los Angeles, with Association Secretary Kress, District Councilors Calvert L. Emmons of San Bernardino, George D. Maner of Los Angeles, Louis A. Packard of Bakersfield, and Councilors-at-Large C. O. Tanner of San Diego and William H. Kiger of Los Angeles will probably begin a series of visits to county medical societies located south of the Tehachapi early in March. Due notice of the proposed visits will be given.

COMMITTEE ON PUBLIC HEALTH EDUCATION†

The Committee on Public Health Education met in San Francisco in mid-December for consideration of its general program and recapitulation of the campaign against the chiropractic initiative at the special election November 7.

It was found that a total of more than three hundred editorials had been run in California newspapers against the chiropractic initiative and several hundred publicity stories provided by your committee had been printed in opposition to that initiative. Final reports showed that a most effective campaign had been waged successfully, at a cost of more than $1,600 *less* than the budget approved at the start of the campaign. The unexpended balance was returned to the committee funds.

Following the campaign, the public relations counsel, Mr. Ross Marshall, started visits to newspaper publishers. He found that many doctors have been giving their printing business to local newspapers that operate job-printing plants and that this business is much appreciated by the newspaper publishers. As a practical means of cultivating the good will of the publishers, your Committee advocates a continuance and extension of this practice, pointing out to you that the newspapers of California, almost without exception, staunchly supported the medical profession in the recent campaign.

The public relations counsel spoke before the San Gabriel Valley Unit of the California Newspaper Publishers' Association. He also spoke before the Yolo-Colusa-Glenn County Medical Society and before the San Francisco County Medical Society. A state-wide speaking itinerary is being arranged with the county medical societies for the

† For complete roster of officers, see advertising pages 2, 4, and 6.

† The Committee on Public Health Education was established through Substitute Resolution No. 6 at the Del Monte annual session, May 3, 1939.

purpose of explaining in detail the Committee on Public Health Education program.

The general program of newspaper publicity has been launched, and stories beneficial to the medical profession will be sent regularly to the newspapers in the state for publication.

Thirty-eight of the forty county medical societies have so far designated one of their members to act as secretary in his district for a speakers' bureau, all bureaus to be coördinated in a state-wide organization.

A valuable program of public health education of the public, through speaking appearances before men's and women's organizations of all kinds is possible through development of these speakers' bureaus. To aid in this part of our program, your Committee will forward about the first of the year a set of approved American Medical Association speeches to each county society speakers' bureau. These speeches are on various medical subjects.

Speeches pointing out the dangers inherent in compulsory, state medical care schemes will be forwarded. Your Committee urges that these speeches be used and that members prepare themselves to make speeches, in view of the virtual certainty that within the next year we shall be obliged to appeal to the public to help us protect them from the disastrous effects of a compulsory health system should national or state legislation be proposed for such a purpose. We may say that informed opinion is that such legislation will be proposed. R. M.

C. M. A. DEPARTMENT OF PUBLIC RELATIONS†

COMMITTEE ON PUBLIC RELATIONS

A Digest of the Minutes of the Meeting held on November 25, 1939

The meeting was held in the offices of the Association, Room 2004, 450 Sutter Street, San Francisco, on Saturday, November 25, 1939, at 9:30 a. m.

1. Call to Order.

The meeting was called to order by Chairman George G. Reinle.

Present: President Charles A. Dukes; J. Norman O'Neill, Committee on Hospitals, Dispensaries, and Clinics; George G. Reinle, Committee on Medical Defense; Dwight L. Wilbur, Committee on Postgraduate Instruction; Roy Thomas, Committee on Health and Public Instruction; George H. Kress, Association Secretary; Mr. Hartley F. Peart, Counsel.

Absent: Harry H. Wilson, President-Elect; Alson Kilgore, Cancer Commission; Donald Cass, Committee on Industrial Practice; John H. Graves, Medical Economics; George D. Maner, Committee on Membership and Organization; Junius B. Harris, Committee on Public Policy and Legislation.

2. Minutes of Last Meeting.

The minutes of the meeting of the Committee on Public Relations held on October 28, 1939, were presented and, there being no objection, were approved.

3. Basic Science Act—Consideration of Third Draft.

A letter from William C. Woodward, M. D., Director of the American Medical Association Bureau of Legal Medicine and Legislation of the American Medical Association, relative to the third draft of the Basic Science Act, was presented for discussion and read, the suggestions being separately considered and acted upon:

Section 2 (a) page 2. Subjects selected are to stand as in draft.

Section 3 and Section 22. Include chiropodists, by the insertion of the word "chiropody."

Section 4. Delete and substitute, as suggested in Doctor Woodward's letter of November 10.

Section 6. Add "s" to the word "assistant" in the second line.

Find out from the Attorney-General whether or not a bond is required for persons having charge of state funds, as provided in the Act. If so, include in Act.

Section 13. Clarify incongruity as to 70 per cent passing grade, as noted in Doctor Woodward's letter.

It was moved by Charles Dukes, seconded by Norman O'Neill, that the Chairman and Doctor Wilbur take up the revision of Section 13 to clarify the percentage of passing grade and change the time for reëxamination to one year. Carried.

A letter from Mr. Elwood of the National Board of Diplomates was presented and discussed.

It was moved by Charles A. Dukes, seconded by Roy Thomas, that Doctor Wilbur consider the matter of exemptions as related to those holding Basic Science certificates from boards of equal rank in other states, the Committee giving its approval in principle. Carried.

Discussion was had of the enactment of the Act, and it was stated that if financial conditions did not permit its enactment by initiative measure, legislative enactment might be desirable in 1941.

It was moved by Charles Dukes, seconded by Norman O'Neill, that the revised draft of the Basic Science Act be presented to the Council with the recommendation of the Public Relations Committee that, at the earliest possible time, this matter be taken up by the Association, with the purpose of having the proposed law put upon the statutes of the state. Carried.

4. Pacific States Medical Executives' Conference.

Correspondence from the officers of the Pacific States Medical Executives' Conference, urging the attendance of California representatives at the Conference on December 10, 1939, was presented. The program of the meeting, on which California was scheduled to participate in topics of economics as related to the Pacific Coast States, was read.

After full consideration of the urgency of the requests for representatives from California, it was moved by Dwight Wilbur, seconded by Roy Thomas, that the Committee on Public Relations send two representatives to the Conference of the Pacific Coast Medical Executives on December 10, 1939, and that the expenses of the representatives be paid from the budget of the Committee. Carried. It was agreed that expenses are to include round-trip fare and lower berth.*

5. Federal Legislation.

The Secretary reported on the present status of federal legislation as contemplated by the Wagner Bill.

6. Malpractice Defense.

A tentative draft of a primer to be sent to members on malpractice insurance, and the manner in which the incidence of suits may be reduced, as prepared by the Association Secretary, was presented for discussion.

It was moved by Charles Dukes, seconded by Norman O'Neill, that Doctors Maner and Reinle and Mr. Peart

†The complete roster of the Committee on Public Relations is printed on page 2 of the front advertising section of each issue. Dr. George G. Reinle of Oakland is the chairman, and Dr. George H. Kress is the secretary. Component county societies and California Medical Association members are invited to present their problems to the committee. All communications should be sent to the director of the department, Dr. George H. Kress, Room 2004, Four Fifty Sutter Street, San Francisco.

* President Charles A. Dukes attended the meeting. For report thereon, see page 36.

place the draft in its final form so that the primer may be issued to members of the Association. Carried.

The Secretary was instructed to send a copy of the draft to all members of the Committee that suggestions might be made for inclusion in the final draft.

Copy of the revised draft to be submitted to the Council for approval at its January meeting.

7. **Exhibits.**

The Secretary reported that the Cancer Exhibit of the California Medical Association was now stored without cost in the Library Building of the University of California. The Secretary then outlined the movement for the establishment of a permanent health museum in California, under the auspices of the Western Section of the United States Public Health Service. It was stated that plans at present contemplated the erection of a permanent building in Golden Gate Park and that the museum would be used for display purposes, and also as a radiating center for the Pacific Coast States in the furnishing of public health material for exhibition in various sections.

The value of exhibits at state and county fairs was stressed. It was pointed out that the Department of Public Relations would have an unexpended balance under the 1939 budget allotment.

It was moved by Norman O'Neill, seconded by Roy Thomas, that the Council be requested to hold over $1,000 in the budget allowance for 1940, earmarking such fund for public health exhibit for state and county fairs, subject to the approval of the Committee on Public Relations, the Executive Committee, or the Council. Carried.

Doctor O'Neill reported on films and exhibits obtainable for exhibit purposes. The value of movie films was discussed.

It was agreed that a complete exhibit should be presented at Coronado, in connection with the scientific exhibits relating to films, exhibits, etc., and that any necessary expense be paid from the budget of the Department of Public Relations. It was also stated that no films would be purchased outright at this time, but that they should be loaned from among the profession or rented from commercial sources.

8. **Health Survey.**

The Secretary submitted a progress report on the proposed health survey of the facilities in San Francisco, as contemplated by the Public Health Section of the Commonwealth Club.

9. **National Physicians' Committee.**

Association Secretary Kress reported on the newly organized "National Physicians' Committee for the Extension of Medical Service."

10. **Mineral Springs.**

President Dukes stated that he had received a request for information from the San Francisco Chamber of Commerce relative to the curative and therapeutic values of mineral springs in California, for use at a meeting to be held on Thursday, November 30, at the Palace Hotel, in an effort to publicize the mineral springs of California. Doctor Dukes stated Doctor Kress would make the address.

11. **Date of Next Meeting.**

The date of the next meeting of the Committee was tentatively set for 8:30 p. m. of the day in January on which the Council meets.

12. **Adjournment.**

There being no further business, the meeting adjourned.

GEORGE H. KRESS, *Secretary.*

Approved:

GEORGE G. REINLE, *Chairman.*

COMMITTEE ON POSTGRADUATE ACTIVITIES†

Butte County Clinical Conference: At Oroville.

On Saturday, December 2, 1939, the Butte County Medical Society was the host unit for a clinical conference held at Oroville. Guest speakers were Doctors Dudley Smith and Carol McKenney of San Francisco.

Doctor McKenney spoke on "Essential Hypertension: Modern Concepts," and Doctor Smith presented a film, "Fistulectomy and Hemorrhoidectomy," and also gave a talk on "Examination of Patients for Rectal Lesions."

The conference began at 3 p. m., with recess for dinner, after which the evening meeting was held.

* * *

Humboldt County Clinical Conference: At Eureka.

A postgraduate conference arranged by the California Medical Association was held at the Humboldt County Hospital on December 7, 1939. Dr. Laurence Taussig and Dr. William Reilly held clinics at the Humboldt County Hospital on Dermatology and Pediatrics. About thirty doctors attended the clinics.

Lunch was served at the County Hospital, and following this a lecture was given by Doctor Taussig, his talk being illustrated by lantern slides in which he covered some types of skin cases that were not presented in the clinics. Conferences with the physicians at the Hospital and at their offices continued during the afternoon. Dinner was served at the Eureka Inn at 6 p. m. This was followed by a question and answer hour in which Doctors Taussig and Reilly discussed the various phases of pediatrics and dermatology, in response to questions from the members present.

A business session followed and the officers for the ensuing year were elected as follows: John N. Chain, president; John S. Chain, vice-president; J. S. Woolford, secretary; Walter Dolfini, treasurer; C. C. Falk, Sr., delegate; and John N. Chain, alternate.

J. S. WOOLFORD, *Secretary.*

* * *

Shasta County Clinical Conference: At Redding.

Under the sponsorship of the Shasta County Medical Society a clinical conference was held on Sunday, December 10, 1939, in the city of Redding.

The guest speakers were Doctors John M. Cline and Chester L. Cooley of San Francisco. Doctor Cline discussed "Preoperative Preparation and Postoperative Care" in one session, and spoke on "The Use of X-Rays in Diagnosis of Acute Abdominal Conditions." Doctor Cooley's topics were: "Obstetrical Analgesia" and "Obstetrical Bleeding."

A heavy rain and inclement weather prevented the attendance of a number of physicians, but those who were present were much interested, as was evidenced by the questions presented to the speakers.

* * *

Fresno County Medical Society Planning a Series of Clinical Conferences.

Under the chairmanship of Dr. J. E. Young of Fresno, a tentative program is under consideration for a series of three conferences, one to be held each week, as follows:

Friday, February 2

Course No. 43—Peptic Ulcers. Afternoon.
Course No. 10—Pneumonia. Evening.

†Requests concerning clinical conferences, guest speakers, and other information, should be sent to the California Medical Association headquarters office, 450 Sutter, San Francisco, in care of the Association Secretary.

Friday, February 9

Courses 8 and 9—Gynecology and Obstetrics. Afternoon and evening.

Friday, February 16

Course No. 17—Genito-Urinary and Venereal. Afternoon.
Course No. 10—Disorders of Nutrition. Evening.

The course numbers referred to above are those listed for the respective topics in the last Postgraduate Supplement, a copy of which will be sent on request.

Notices of the completed program of the courses will be sent out in due course.

* * *

Clinical Conference: College of Medical Evangelists, Los Angeles.

The Sixth Annual Postgraduate Assembly, presented under the auspices of the Alumni Association of the College of Medical Evangelists, was held in Paulson Hall of the White Memorial Hospital on Sunday, December 17, 1939. The program follows:

Morning Session

9:00 a. m.—Appraisal of New Drugs. Dr. Chauncey D. Leake, Professor of Pharmacology, University of California School of Medicine, San Francisco.

10:00 a. m.—Some Etiological Considerations of Carcinoma of the Colon and Rectum. Dr. Vernon C. David, Chairman, Department of Surgery, Rush Medical College, Chicago, Illinois.

10:30 a. m.—Consideration and Surgical Treatment of Uterine Prolapse. Dr. Lester D. Powell, Des Moines, Iowa.

Recess

11:15 a. m.—Surgical Prognosis. Dr. Willis D. Gatch, Dean, Indiana University School of Medicine, Indianapolis, Indiana.

11:45 a. m.—Open Reduction Treatment of Fractures. Dr. James A. Jackson, Surgical Section, Jackson Clinic, Madison, Wisconsin.

12:15 p. m.—Common Mistakes in the Handling of Simple Fractures. Dr. Donald E. King, Associate Professor of Surgery (Orthopedics), Stanford University School of Medicine, San Francisco.

Afternoon Session

2:00 p. m.—Management of Warts. Dr. Harry J. Templeton, Dermatologist, University of California Student Health Service, San Francisco.

2:30 p. m.—Biliary Tract Disease and the Indications for Pharmaco-Dynamic Biliary Flush. Dr. R. Russell Best, Associate Professor of Surgery, University of Nebraska School of Medicine, Omaha, Nebraska.

3:00 p. m.—The Gonococcus Complement-Fixation Reaction in General Medical Practice. Dr. Garnett Cheney, Associate Professor of Medicine, Stanford University School of Medicine, San Francisco.

3:30 p. m.—Medical and Surgical Management of Certain Colonic Lesions. Dr. Claude F. Dixon, Surgical Section, Mayo Clinic, Rochester, Minnesota.

Recess

4:15 p. m.—Transurethral Prostatic Surgery," with motion picture demonstration. Dr. Clyde W. Collings, formerly Chief of Urologic Clinic, New York University School of Medicine, New York City, New York.

4:45 p.m.—Significance of Cardiac Arrhythmias in Hypertensive Heart Disease. Dr. Ralph M. Tandowsky, Assistant Professor of Medicine, College of Medical Evangelists School of Medicine, Los Angeles.

5:15 p. m.—The Advantages of Superficial and Deep Intermediate Skin Grafts as Cut by the Dermatome. Dr. Earl C. Padgett, Associate Professor of Clinical Surgery, University of Kansas School of Medicine, Kansas City, Missouri.

* * *

Clinical Conference: University of California Medical School.

A course for general practitioners, stressing recently acquired knowledge applicable in practice, was held on January 3 to 6, 1940, in the University of California Hospital, San Francisco. Tuition fee was $20.

Outline of course follows:

WEDNESDAY, JANUARY 3

9:00 a. m.—Pneumonia. Dr. J. W. Brown, Instructor in Medicine.

9:30 a. m.—Meningococcus Meningitis. Dr. E. B. Shaw, Associate Clinical Professor of Pediatrics.

10:00 a. m.—Gonococcus Septicemia. Dr. L. H. Briggs, Clinical Professor of Medicine, and Dr. A. Haim, Surgical Bacteriologist.

10:30 a. m.—Urinary Tract Infections. Dr. C. M. Johnson, Associate Clinical Professor of Urology.

11:00 a. m.—Syphilis. Dr. H. E. Miller, Clinical Professor of Dermatology.

2:00 p. m.—History and General Summary of Vitamins. Dr. J. L. Carr, Assistant Professor of Pathology.

2:30 p. m.—Vitamins A and D. Dr. W. C. Deamer, Associate Professor of Pediatrics.

3:00 p. m.—Vitamin B. Dr. H. J. Borson, Research Assistant in Medicine and Pathology.

3:00 p. m.—Vitamin C. Dr. J. F. Rinehart, Associate Professor of Pathology.

4:00 p. m.—Vitamins E and K. Dr. S. P. Lucia, Assistant Professor of Medicine.

THURSDAY JANUARY 4

9:00 a. m.—Advances in Treatment of Endocrine Lesions. Dr. H. C. Shepardson, Associate Clinical Professor of Medicine.

9:30 a. m.—Gout. Dr. W. J. Kerr, Professor of Medicine.

10:00 a. m.—Peptic Ulcer. Dr. F. H. Kruse, Clinical Professor of Medicine.

10:30 a. m.—Mucous Colitis. Dr. T. L. Althausen, Associate Professor of Medicine.

11:00 a.m.—Anemias. Dr. S. R. Mettier, Associate Professor of Medicine.

11:30 a. m.—Equine Encephalitis. Dr. K. F. Meyer, Professor of Bacteriology.

2:00 p. m.—Tuberculosis. Dr. L. V. Ackerman, Instructor in Medicine.

2:30 p. m.—Pneumothorax. Dr. S. J. Shipman, Associate Clinical Professor of Medicine.

3:00 p. m.—Lung Tumors. Dr. A. Goldman, Assistant in Surgery.

3:30 p. m.—Poisoning by Drugs Used for Therapy. Dr. C. D. Leake, Professor of Pharmacology.

FRIDAY, JANUARY 5

A symposium on common fractures met in private practice, an all-day clinic, with practical demonstrations, was given at the San Francisco Hospital, Twenty-second Street and Potrero Avenue, San Francisco, under the direction of Dr. F. C. Bost, Assistant Clinical Professor of Orthopedic Surgery, and Drs. W. J. Cox and R. Soto-Hall, Instructors in Orthopedic Surgery.

6:00 p. m.—Dinner, Faculty Club, University of California Hospital.

Practical Demonstration of Applied Dietetics—How a Normal Diet May Be Altered to Meet Disease Conditions. Dr. Nina Simmonds, Lecturer in Medicine; Miss Ann T. Lamb, Dietitian, University of California Hospital; and Dr. S. P. Lucia, Assistant Professor of Medicine.

* * *

American College of Surgeons Clinical Meeting in Los Angeles, January 29 to 31, 1940.

The Western Section of the American College of Surgeons, consisting of California, Arizona, New Mexico, Utah, Nevada, Colorado, Oregon, Washington, Montana, Idaho, Wyoming, British Columbia and, by invitation, Hawaii and Mexico, will convene in Los Angeles commencing Monday, January 29, 1940. Headquarters will be at the Biltmore Hotel. The program of medical films, hospital conferences, papers, and discussions are of wide scope and interest. Members of the California Medical Association are most cordially invited to attend. There will be no registration charge. For additional information address American College of Surgeons, 40 East Erie Street, Chicago, Illinois; or Emile Holman, M. D., Stanford University Hospital, Clay and Webster streets, San Francisco; or Edward M. Pallette, M. D., 1930 Wilshire Boulevard, Los Angeles. Other California members of the Executive Committee of the College include George G. Reinle, M. D., 532 Fifteenth Street, Oakland; George Thomason, M. D., 317 Hollingsworth Building, Los Angeles, and John Homer Woolsey, M. D., Woodland Clinic, Woodland.

CALIFORNIA PHYSICIANS' SERVICE†

Between November 15 and December 15, sixty-eight new group contracts were signed (approximately 2,100 new beneficiary members). We are beginning to complete contracts with some groups of larger size: One group of 330 in Los Angeles, one of 100 in Oakland, one of 120 in San Francisco.

Checks are now being written for October professional services at $1.60 per unit.

Suggestions:

1. Please send initial reports (Form 7) *to your Deputy Medical Director* as soon as you have seen a new patient for California Physicians' Service. We would like to check the record and be sure he really is a beneficiary member with dues paid.

2. Do not order x-rays and extensive laboratory tests or start a course of treatment until you are sure the patient is entitled to it.

3. Send your monthly bill for services to California Physicians' Service office at San Francisco or Los Angeles *promptly at the end of each month. If bills are not received before the unit value for the month is computed, there is no way the bill can be paid.*

Effective January 1, 1940, the new address of the San Francisco office of California Physicians' Service will be 333 Pine Street. The telephone number will remain the same, EXbrook 3211.

* * *

I Just Found Out About Installment Plan of Medical Care

By Dick Bergholz

It isn't "socialized" medicine, yet it's a definite attempt to bring sound, complete medical and hospital service to men and women in the lower income brackets who ordinarily find themselves unable to budget for medical emergencies.

That's the new California Physicians' Service, a coöperative nonprofit effort by some five thousand California doctors and medical specialists to bring budgeted medical service to the middle and lower classes.

Bringing the plan to Ventura County men and women are thirty-two doctors and specialists as well as Foster Memorial Hospital in Ventura and St. John's Hospital of Oxnard.

* * *

Basic idea of the plan is that of small monthly payments, similar to insurance payments, so that when medical emergencies arise, no big outlay is needed.

Naturally, the patient doesn't get something for nothing. The plan has been figured out on an actuary basis just like insurance policies. The average risk has been figured in terms of medical needs, and rates have been fixed accordingly.

There are two classes of service. One, for which the monthly fee is $2.50, includes full coverage for an individual. The other, for which the monthly fee is $2, includes the same service except that the patient must pay for the first two doctor's visits in any case of sickness or injury. Those calls, however, are generally meant to infer routine calls, not emergency service.

* * *

The California Physicians' Service is open to employee groups—five persons or more constitute a group—whose individual incomes don't exceed $3,000 annually, and whose individual ages do not exceed sixty-five.

Why employee groups? Local officials of the plan say it has been found that those men and women who work are anxious to preserve their health and have a more vital need for their health than any other class. Thus, they are a broadly superior risk.

* * *

Why income restrictions? Officials say there are two reasons: (1) it brings far better medical and hospital care to people in the middle and lower classes because it forces budgeting for emergencies and stimulates frequent medical checkups; (2) it tends to reduce the doctor's losses through uncollectible medical fees and tends to effect a more or less steady income.

As yet, the plan hasn't been so arranged so a man can include his wife or family or dependents in his contract services, but it is reported that such a family or relation group plan is being devised and will soon be offered to the public. Reason why a husband can't bring his wife and children in with him on the plan, except at the regular monthly rate, is that actuarily sound figures haven't been reached as to the relative risks and just payments.

The medical services include all emergency accident cases, diseases of either sex, eye, ear, nose and throat ailments, but not dental care or the actual cost of glasses. Excluded from service are mental disorders other than simple diagnosis, drug addiction, alcoholism, injuries sustained in lawless acts or self-inflicted, injuries already covered by workmen's compensation laws and conditions already existing at the time of becoming a plan member.

There are two services included under the plan—medical and hospital. Medical care includes medical, surgical, and specialist services for diagnosis and treatment, regardless of amount needed, up to one year for each disease or injury as long as the patient is in the state.

* * *

More specifically, medical service includes treatment at the doctor's office or at the patient's home if office treatment is impossible, hospital treatment, laboratory examinations, x-ray diagnosis, x-ray and radium treatment, and the services of a physician-anesthetist.

The hospital treatment includes hospital care up to twenty-one days for each particular illness or injury during a contract year, thus meaning several different stays per year.

More specifically, hospital service includes care in a room of three or more beds (a private room may be had at a small additional cost), meals and the services of dietitian, general nursing care, use of the operating rooms, including surgical and anesthetic supplies, use of cystoscopic rooms and supplies and such splints, casts, dressings, and drugs ordinarily furnished when a patient is hospitalized.

* * *

Actually, the hospital service section of the California Physicians' Service is simply an adaptation of the current system of hospital insurance, carried in California by three recognized groups, the Associated Hospital Service of Southern California, the Intercoast Hospitalization Insurance Association, and the Insurance Association of Approved Hospitals.

Under the California Physicians' Service, the medical service does not hold outside the state, but hospital service is open to any contract patient anywhere in the world at accredited hospitals.

You must be a member for twelve months or more before full hospital and medical care is provided on hernia, tonsil, adenoid, nasal or septum operations, and you must have been a member for twenty-four months before medical service is furnished in maternity cases. Hospital care in maternity cases is excluded.

In tuberculosis cases, hospital care is excluded after diagnosis has been established, but medical care is furnished for one year.—Ventura *Star-Free Press*, December 7, 1939.

* * *

Your Health Service

The big adventure in California health is under way.

Our health is already 11 per cent better than the average of the United States, but we want it to be even better.

Farm leaders have pioneered in demanding group medical, surgical and hospital service, and now they have it.

The physicians and surgeons of California have accepted the challenge. They have set up the California Physicians' Service, with 80 per cent of the active doctors and 80 per cent of the hospitals of the state coöperating.

Membership is always by groups. The Service does not want to have the bookkeeping expense of collecting dues from individuals. Your farm group can join and put you in.

The limitations are very few. You cannot join if you are sixty-five years old, or if your net income is above $3,000 a year.

You have complete choice of doctors, surgeons, and hospitals.

You know what it is going to cost. The cost is $1 membership fee, and $2.50 per month.

† Address: California Physicians' Service, 333 Pine Street, San Francisco. Telephone EXbrook 3211. Manager, Mr. Allen Widenham.

Other members of your family can join for hospital service for dues ranging from 40 to 90 cents per month, but no price for medical service for them has been set up as yet.

The United States Department of Agriculture made a study in California in 1935-1936, which indicated that California farmers spend each year for medical care $18,461,940. This new plan is designed to offer more service for a lesser cost.

You may get details by addressing the California Physicians' Service at 333 Pine Street, San Francisco, or 448 South Hill Street, Los Angeles.—*Pacific Rural Press.*

PACIFIC STATES MEDICAL EXECUTIVES' CONFERENCE

The third annual meeting was held in the Olympic Hotel, Seattle, Washington, on Sunday, December 10, 1939. Officially affiliated associations: California, Idaho, Montana, Oregon, and Washington State Medical Associations.

Other associations invited to participate: Arizona, Nevada, Utah, Wyoming, and British Columbia Medical Associations.

More than forty representatives were present, the program being carried out under the chairmanship of President H. E. Rhodehamel, Spokane, Washington, retiring president of the Washington State Medical Association. The program of the general meetings follows:

Morning Session

10:00 a.m.—Federation of Professional Societies (Oregon Plan).
Discussion to be opened by Representative of the Oregon State Medical Society.
Medical Service Plans.
(a) For the Low-Wage Group.
(b) For the Indigent.
(c) For the Farm Security Administration and Migrant Families.
Discussion to be opened by Representative of the California Medical Association.
12:30 p. m.—Luncheon.

Afternoon Session

2:00 p. m.—Malpractice Defense Problems.
Discussion to be opened by Representative of Washington State Medical Association.
Prospective Health Legislation.
(a) National.
(b) State.
Discussion to be opened by Representative of Oregon State Medical Society.
Public Relations.
Discussion to be opened by Representative of California Medical Association.
Prospective Public Health and Practice Laws of the Pacific States. Basic Science Laws.
Discussion to be opened by Representative of Washington State Medical Association.
Postgraduate Medical Education.
Discussion to be opened by Representative of Oregon State Medical Society.

* * *

The agenda for the business meeting of the Executive Board included:

1. Call to Order by the President, Dr. H. E. Rhodehamel.
2. Report of Secretary-Treasurer.
3. Consideration of National Conference on Medical Service.
   (a) Possible certification of delegates to the Conference.
   (b) Possible resolutions to the Conference.
4. Discussion of Financing the Activities of the Pacific States Medical Executives' Conference.
5. Announcement Regarding Program of National Physicians' Committee for the Extension of Medical Service.
6. Possible Invitation of Other State Medical Associations to Become Officially Affiliated with the Conference.
7. Announcement of Meeting Place for 1940.
8. Report of Nominating Committee, and Election of Officers for 1940.

* * *

President Charles A. Dukes officially represented the California Medical Association, many questions on the various activities of the California Medical Association being put to him, as may be inferred from a letter sent to him by Homer D. Dudley, President-Elect of the Washington State Medical Association, from which the following is quoted:

I want you to know how much I appreciate your attendance at the meeting of the Pacific States Medical Executives' Conference in Seattle last Sunday. Your experience and your breadth of general knowledge of the mutual problems under discussion were of inestimable value to the other delegates in their consideration of the matters before the Conference.

It was nice to see you again, and I want you to know how appreciative all our members are for your personal contributions.

And from a letter received from Dr. H. E. Rhodehamel, who was reëlected president of the Conference, a similar note of appreciation:

I desire to thank you for taking the time to come to our Pacific States Medical Executives' Conference last Sunday and for your assistance in making this meeting a success. The men from all sections of the Pacific Coast complimented you on your broad grasp in the many problems that are confronting the medical profession in the economic field. I believe that the enthusiasm shown and the benefit derived by the men who were present speak well for the permanence of our organization.

I would appreciate it if in your spare moments, if you have any, you would give some thought to the subjects that should be presented next year. Of course I appreciate the fact that many changes may be necessary before the next meeting, but if a thought should occur to you for some topic of importance or a suggestion made by another member of the group, these ideas could be sent to the various delegates and studied in minute detail. This would shorten the discussion time on each subject and give us a broader field to present.

The Pacific States Medical Executives' Conference held its first meeting in San Francisco in 1937, its second in Portland, Oregon, in 1938, and its third in Seattle in 1939. After discussion of the best means of laying the foundation of permanency for this organization, it was voted to be the sense of the meeting, owing to travel expense and other reasons, the wisest plan would be to make the city of Portland the regular annual place of meeting.

Each year's experience has only emphasized the value of an organization such as the Pacific States Medical Executives' Conference, which makes it possible for the executive officers of the state medical associations of the Pacific Coast, and comprising not only the Pacific Slope commonwealths but the Pacific States, to meet, and through exchange of views in discussion, profit from the experiences of their respective organizations. In carrying through such a plan, medical societies are only getting in line with procedures that have long been in active operation in successful industrial and agricultural groups, and in bodies such as Chambers of Commerce. Attendance at these meetings is not necessarily limited to officers of state medical associations. Officers of component county medical societies and other physicians who are interested in medical-economic problems are cordially invited to attend the meetings.

K.

COUNTY SOCIETIES

MENDOCINO-LAKE COUNTY

The meeting of the Mendocino-Lake County Medical Society was called to order by President Robert B. Smalley on December 9 at the Mendocino State Hospital in Talmage.

The following members were present: Doctors Cleland Van Allen, Smalley, Wagner, Rea, LeBaron, Porter, Hill, Kirwin, Rapaport, Gericke, Bramkamp, and Gardner.

Guests present were: Doctor Pettie, Judge Held of Ukiah, Judge Falk of Eureka, District Attorney J. Busch of Ukiah, District Attorney B. Busch of Lakeport, and Mr. Thomas Coakley of the Attorney-General's office.

The application of Dr. Stanley Rea was accepted for membership. The transfer of membership of Dr. Walter Rapaport from Napa County Society was accepted. . . .

The formation of a Woman's Auxiliary was discussed, and it was decided that it was not feasible due to the extent of this area.

The program of the evening was a round-table discussion directed by Doctor Rapaport of new legislation pertaining to the commitment laws of sexual psychopaths. The burden of the discussion was carried by Judges Held and Falk, and Attorneys James Busch, Bert Busch, and Thomas Coakley.

President Smalley appointed Doctors Hill and Kirwin as members of the Nominations Committee. The following nominations were presented as candidates for office for 1940: Dallas L. Wagner, president; Royal Scudder, secretary-treasurer; Walter Rapaport, delegate; Lew K. Van Allen, alternate. No other nominations being made, these candidates were unanimously elected.

The Society learned with pleasure of the action of the Council of the California Medical Association granting a retired membership to Dr. Ruggles A. Cushman. The members of this Society are indebted to Doctor Cushman for his invaluable service in the county and state societies in these past many years.

The Society welcomed as a new member, Dr. J. E. Gardner of Ukiah.

It was determined that the next meeting be held in Ukiah in February, 1940.

A vote of thanks was extended to Doctor Rapaport and staff for their hospitality.

The meeting then adjourned, to partake of refreshments served by members of the hospital staff.

DALLAS L. WAGNER, *Secretary.*

RIVERSIDE COUNTY

The Riverside County Medical Association members were invited to meet with the March Field Post Hospital staff on December 4 as their guests.

An attempt was made to have this program fall on the regular meeting night during the spring months, but it was necessary for them to have our Society during December or not at all. We have met with the March Field staff in past years and always had a worth-while program, and we have every reason to believe this will be no exception. We are honored by this invitation to March Field.

It is the hope of the Council that every member will make a special effort to attend.

The regular meeting on December 11 was a dinner meeting with the Woman's Auxiliary, and entertainment was provided by them. THOMAS A. CARD, *Secretary.*

SAN BERNARDINO COUNTY

The regular meeting of the San Bernardino County Medical Society was held at the San Bernardino County Charity Hospital on Tuesday, November 7. There were about sixty members and guests present.

This being the first meeting in the new assembly room, Doctor Cherry called upon Dr. V. M. Pinkley, Superintendent of the Hospital, to make a formal presentation.

Doctor Pinkley then presented the new assembly room to the Society, stating that he hoped that both the hospital staff and the Society would enjoy the new meeting place.

Dr. F. E. Clough, Chairman of the Postgraduate Committee, spoke briefly on postgraduate programs, and asked the members to hand in suggestions for programs.

There being no further business, the program was presented as follows: *Relationship of Endocrinology to the Menstrual Function and Menstrual Irregularities,* by Dr. Clifford A. Wright of Los Angeles.

Discussion was opened by Dr. Delbert B. Williams and Dr. W. L. Cover of San Bernardino.

Refreshments were then served, after which the meeting was adjourned. ARTHUR E. VARDEN, *Secretary.*

SAN JOAQUIN COUNTY

The regular meeting of the San Joaquin County Medical Society was called to order at 8:40 p. m. at the Hotel Wolf in Stockton. The meeting was preceded by the customary annual dinner, at which thirty-eight members were present.

The application of Dr. Julius Zelman having been approved by the Admissions Committee, and there being no objections from the floor, he was declared a member. The application of James O. Greenwell was read and referred to the Admissions Committee.

Dr. Dewey Powell made a report of the activities of the Public Relations Committee and also the activities of the California Physicians' Service. He told the members of the difficulties being experienced by the Intercoast Hospital Association of Sacramento and stated that hospitalization would be written for the San Joaquin and Sacramento valleys by the Hospital Associations of Southern California and the Association of Approved Hospitals at Alameda, and told that the Board had passed a motion inviting the Association of Approved Hospitals to extend their services to this county. Doctor Powell made a motion that this action be approved by the members as a whole. This motion was seconded by Doctor Doughty and unanimously passed.

The election report was then read by the Secretary and the following named men were declared elected for the year 1940: Hugh J. Bolinger, president; R. L. Owens, first vice-president; T. W. Kyddson, second vice-president; and George H. Rohrbacher, secretary. Directors—Charles Martin, Verne Ross, Edward Faulkner, P. B. Gallegos, A. K. Merchant, N. P. Johnson, and Dewey Powell. Delegates—Frank Doughty, George Sanderson, and George Rohrbacher. Alternates—C. A. Broaddus, C. V. Thompson, and Verne Ross.

The paper of the evening was presented by Dr. E. Gilcreest of San Francisco, who read a paper on the *Life of Sir William Osler.* This paper was extremely interesting and had many personal reminiscences, as Doctor Gilcreest had served in the British Forces prior to the entrance of the United States and during the World War, and had met Sir William Osler many times. The paper was profusely illustrated and was greatly enjoyed by the members.

There being no further business to come before the Society, the meeting was declared adjourned at 10:10 p. m.

G. H. ROHRBACHER, *Secretary.*

CHANGES IN MEMBERSHIP

New Members (26)

Alameda County

Elwin L. Armstrong

Kern County

Thadeus M. McNamara
Juliet E. Thorner
Agnes DeLawder Tarr

Orange County

L. H. Slocumb

San Diego County

Milton A. Dexter

San Francisco County

Arthur C. Armstrong
Jean-Louis E. Brindamour
John Welch Brown
Francis L. Chamberlain
David D. Charmak
William T. Duggan
Harold M. Gilfillan
Leon Goldman
Richard A. Koch
Emilio Donald Lastreto
Kathleen M. Mahoney
Michael Thomas Michael
William B. Neff
Charles A. Rethers
Eldor Christ Sailer
Francis J. Stanghellini

Santa Barbara County

Lucian N. Lano

Yolo-Colusa-Glenn County

F. H. Gambell Mary B. E. Poket

Ventura County

Emil F. Tonn

Transfers (1)

Paul W. Schriber, from Merced County to Alameda County.

Resigned (2)

Franklin C. Cassidy, from Alameda County.
G. O. Whitecotton, from San Francisco County.

In Memoriam

Baker, Morgan Dillon. Died at San Jose, November 13, 1939, age 59. Graduate of the University of California Medical School, San Francisco, 1904, and licensed in California the same year. Doctor Baker was a member of the Santa Clara County Medical Society, the California Medical Association, and a Fellow of the American Medical Association.

✝

Gay, Henry Milus. Died at Pasadena, November 6, 1939, age 66. Graduate of Hahnemann Medical College and Hospital of Philadelphia, 1899, and licensed in California the same year. Doctor Gay was a member of the Los Angeles County Medical Association, the California Medical Association, and a Fellow of the American Medical Association.

✝

King, Cora Smith. Died at Hollywood, November 21, 1939. age 72. Graduate of the Boston University School of Medicine, 1892. Licensed in California in 1922. Doctor King was a member of the Los Angeles County Medical Association, the California Medical Association, and a Fellow of the American Medical Association.

✝

Myers, Cortland. Died at Los Angeles, November 27, 1939, age 47. Graduate of Columbia University College of Physicians and Surgeons, New York, 1919. Licensed in California in 1921. Doctor Myers was a member of the Los Angeles County Medical Association, the California Medical Association, and a Fellow of the American Medical Association.

✝

Penzotti, Richard Benjamin. Died at Oakland, November 6, 1939, age 48. Graduate of the University of Michigan Homeopathic Medical School, Ann Arbor, 1921. Licensed in California in 1925. Doctor Penzotti was a member of the Alameda County Medical Association, the California Medical Association, and the American Medical Association.

✝

Rood, Vernon Voorhees. Died at Grass Valley, November 16, 1939, age 60. Graduate of the College of Physicians and Surgeons, Los Angeles, 1916. Licensed in California in 1925. Doctor Rood was a member of the Placer County Medical Society, the California Medical Association, and a Fellow of the American Medical Association.

✝

Waller, Julian Lloyd. Died at Woodland, November 15, 1939, age 70. Graduate of the College of Physicians and Surgeons, San Francisco, 1904. Licensed in California in 1906. Doctor Waller was a retired member of the San Francisco County Medical Society, the California Medical Association, and the American Medical Association.

OBITUARIES

Walter LeRroy Blodgett
1870–1939

In the death of its vice-president, Dr. Walter LeRoy Blodgett, who passed away at Calistoga on October 25, 1939, the Napa County Medical Society has lost a leader of untiring devotion and exceptional ability and merit, widely esteemed and widely influential, and long and affectionately to be remembered and mourned. He was born in Woodland, Yolo County, in September, 1870, and there happily passed his boyhood. Later, pushing into the cosmopolitan city of San Francisco, he attended the Cooper Medical College, known today as the Stanford University Hospital, from which he was graduated with honors in 1895. Returning to country life, he settled for a couple of years at Monticello and Oat Hill, where he started his professional practice; after which he removed to Willetts, in Mendocino County, to join Doctor Gunn, a particular friend, in partnership. The arrangement lasted for eight years, and it is a high tribute to the two gentlemen that their only agreement was verbal, both contracting parties being perfectly satisfied with each other's integrity and sincerity. The result was, what none too often nowadays witnesses, that when the partnership was dissolved, Doctor Gunn and Doctor Blodgett separated as bosom friends. It was at Willetts that Doctor Blodgett fortunately met Miss Mitto Blevins, to whom he was soon married; and having reached the milestone where he was ready to set up his household gods, the more experienced doctor, in 1913, again moved, this time to Calistoga, where he practiced continuously until last August, when he was seized with illness that proved fatal. There such was his fidelity to duty, as he saw it, toward his patients, that, although troubled with a slight attack the night before, he made his round of calls, as usual, the very morning he was stricken!

Doctor Blodgett was an active member of the Grange, the Masonic Blue Lodge of Calistoga, the Eastern Star, the Native Sons of the Golden West, the Elks, and the Knights Templar of Napa, and also the Odd Fellows, and he was equally dependable in work of the Rotary Club and the local Chamber of Commerce. He was devoted to the church, attending services as often as his practice permitted, and he was second to none in his interest in Boy Scout and other movements, meriting a rich reward from the Great Physician, whose precepts all his life he sought to follow. No wonder, then, that having been a man of retiring, modest disposition, yet with a heart sympathetically attuned to the suffering and wants of others, and disposed freely to give of time and from open purse, when he himself at last succumbed, there should be a public demonstration, in the closing of all business and otherwise, at the time of those rites through which society seeks to pay its respects to the honored dead. In life, a man of culture still cultivating talent and improving opportunity, he had supported all movements for more and better music, going, when opportunity afforded, to San Francisco to enjoy the best that that cosmopolitan center offered; and, as naturally, in other ways endorsing educational endeavors such as best build up a community. A loyal member of the California Medical Association, and also of the American Medical Association, he is affectionately recalled by Dr. W. W. Roblee and Dr. Charles A. Dukes as, until recently, one of the three surviving members of his graduating class—a body of enthusiastic, promising young men, of whom not a few in later life made enviable records in the field of scientific medicine. At his passing, Doctor Blodgett left a wife, whose love and devotion had for years sustained him in his arduous, wearying work; a sister, Mrs. Ida Palmer of Oakland, and several nephews and nieces, to all of whom the most heartfelt sympathy will by many be afforded.

Morgan Dillon Baker
1880–1939

A distinguished career as a physician and a citizen was ended when Dr. M. D. Baker, a member for thirty-four years of the Santa Clara County Medical Society, died on November 11, 1939. Known to his colleagues for his fierce independence as a champion of ethical medicine and as a foe to compromise that endangered the time-honored stature of the profession, Doctor Baker was respected and admired by his brother practitioners. A kind and loyal friend, he will be sorely missed by the many physicians with whom he worked. A skilled roentgenologist and, more than that, a sound clinician, Doctor Baker's advice was often invaluable to those who sought his help.

Morgan Dillon Baker was born on October 15, 1880, in Stockton, California. He attended the San Jose schools and took both his academic and medical degrees at the University of California. He interned at Mercy Hospital in Sacramento and, in 1905, established himself in general practice at Almaden. Three years later Doctor Baker moved his offices to San Jose, where he practiced continuously to his death. He restricted his work to roentgenology shortly after he became established in San Jose. From 1913 to 1917, he was associated with Dr. J. U. Hall. During the World War he was instructor in roentgenology at Camp Greenleaf, Georgia.

Doctor Baker is survived by his widow, Mrs. Juanita Burke Baker; three daughters, Kathryn, Elizabeth, and Marjorie; and two sons, Morgan, Jr., and Burke.

THE WOMAN'S AUXILIARY TO THE CALIFORNIA MEDICAL ASSOCIATION†

MRS. FREDERICK N. SCATENA.....President
MRS. WILLIAM C. BOECK.....Chairman on Publicity
MRS. KARL O. VON HAGEN..Asst. Chairman on Publicity

Component County Auxiliaries

Alameda County

The regular meeting of the Woman's Auxiliary to the Alameda County Medical Association was held on Friday, October 20, at the Claremont Country Club. The president, Mrs. George Calvin, and Mrs. Frank Baxter, hostess of the day, welcomed over one hundred members and guests at a reception preceding luncheon.

Thirty-nine new members were welcomed. Each was presented with a gardenia and seated at a special table which was arranged in their honor.

Mrs. Ira Church assisted Mrs. Roy Nelson in planning the program, which included songs, with piano accompaniment by Nancy Pauline Turner. Mrs. William Sargent's repartee was enjoyed by all.

MRS. RENE VAN DE CARR, *Publicity Chairman.*

Los Angeles County

The Woman's Auxiliary to the Los Angeles County Medical Association met in regular session on November 28 at the Los Angeles Athletic Club, Mrs. E. Eric Larson, President, presiding. A very interesting program was as follows:

Dr. William H. Daniel, President of the Los Angeles County Medical Association, gave a splendid talk on *Working Together.*

Dr. Elizabeth M. Hohl spoke on *Relief and Fraternal Relations.*

Mr. Rex Thompson, Superintendent of the Department of Charities for the county of Los Angeles, discussed the *Care of the Needy.*

Dr. Katherine Close was introduced and extended a cordial invitation to attend the art exhibit in the County Medical Building from January 8 to January 30, inclusive.

The Auxiliary had as guests of honor the Board of Trustees of the County Medical Association.

A silver offering was taken for Christmas philanthropy.

RUTH LOCKE THOMPSON, *Publicity Chairman.*

Marin County

Twenty members of the Woman's Auxiliary to the Marin County Medical Society met for dinner at Deer Park Villa, in Fairfax, on Thursday evening, November 30. Mrs. De Lancey presided.

Mrs. Thomas Gocher, Public Relations Chairman, read a letter from the Marin County Shut-In Society, expressing the Society's thanks for taking a group of their members to Treasure Island in October.

It was decided to have the annual bridge tea in February, for which Mrs. George Landrock was appointed chairman.

Mrs. De Lancey's play, "Charity Begins at Home," is to be produced at the San Rafael Women's Club on December 5. The cast, with one exception, is composed of members of the Marin Auxiliary.

The guest speaker of the evening was Ninon, fashion editor of the San Francisco *Chronicle,* whose subject, *Style, Rather Than Fashion,* was both fascinating and instructive.

AGNES CAMPION TAYLOR, *Publicity Chairman.*

San Diego County

On November 14, 1939, the Woman's Auxiliary to the San Diego County Medical Society, and their friends met at the Sequoia Club for the annual dessert-bridge party. Mrs. Edwin Kelley presided.

A sixteen-pound turkey was raffled off, Chinese fashion, adding much hilarity to the occasion.

The Auxiliary was elated, too, over the fact that $125 was realized for the medical scholarship fund.

IVA O'HARA, *Secretary.*

San Francisco County

Training the Child for Adjustment and Mental Health was the subject interestingly discussed by Ruth T. Storey, Ph. D., psychologist of the Juvenile Court, at the regular meeting of the San Francisco Auxiliary held on November 21 at the San Francisco County Medical Building. Everyone present expressed a desire to hear Dr. Storey again at another meeting.

Mrs. Frederick N. Scatena, President of the California Auxiliary, also spoke, giving an inspiring account of the beginnings and history of the development of medical auxiliaries. She urged an increase of membership in the established branch organizations and the formation of new groups throughout the state.

The principal philanthropic work of San Francisco's Auxiliary is raising money to maintain a revolving scholarship loan fund for senior medical students of the University of California and Stanford University Medical Schools. The Auxiliary having, however, additional money

†As county auxiliaries of the Woman's Auxiliary to the California Medical Association are formed, the names of their officers should be forwarded to Mrs. Karl O. Von Hagen, Assistant Chairman on Publicity, 5867 Whitworth Drive, Los Angeles. Brief reports of county auxiliary meetings will be welcomed by Mrs. Von Hagen and must be sent to her before publication takes place in this column. For lists of state and county officers, see advertising page 6. The Council of the California Medical Association has instructed the Editor to allocate two pages in every issue to Woman's Auxiliary notes.

which could be spared in excess of the $400 given last spring for the above purpose, decided to assist a deserving blind woman to independence and greater joy in living by giving her the necessary $75 balance above the amount she could earn or raise to buy a trained dog guide.

Due to the sudden, though fortunately brief illness of Mrs. Edmund J. Morrissey, President, Mrs. A. L. Brown, First Vice-President, presided at the meeting of about eighty members.

MRS. WILBER F. SWETT, *Publicity Chairman.*

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San Mateo County

The Woman's Auxiliary to the San Mateo County Medical Society held its first meeting of the season on October 25 at 7 p. m., attended by about twenty ladies. All the wives of doctors, whether members or not, were invited.

Mrs. Kirk Prindle of 865 Culebra Road, Hillsborough, opened her lovely home to the Auxiliary on this evening and served a delicious buffet supper.

Afterward Mrs. G. W. Sevenman, President, called a short business meeting, and later she gave a delightfully amusing talk on her experiences as the wife of a horse-and-buggy doctor.

* * *

The second monthly meeting was held at the Benjamin Franklin Hotel at seven o'clock in the evening of November 29, and brought out twenty-five members. The president, Mrs. Sevenman, presided. Following dinner, Mr. F. M. Stanger, an instructor at the San Mateo Junior College, spoke on Mexico.

❋

Santa Barbara County

On Monday afternoon, November 13, Mrs. Henry Johnson Ullmann opened her lovely home to the members of the County Auxiliary and their guests. A delightful tea was served, with Mrs. Frederick Scatena, State President, guest of honor, who discussed the objects and aims of the organization. Other guests were Mrs. Clifford Wright, past president, and Mrs. E. Eric Larson, President of the Los Angeles Auxiliary.

MRS. C. T. ROOME, *Publicity Chairman.*

❋

Tulare County

The monthly meeting of the Woman's Auxiliary to the Tulare County Medical Society was held on December 3 at the Johnson Hotel, in Visalia. After dinner, Dr. Ellis D. Sox, Tulare County Health Officer, gave an interesting and instructive talk on *Child Welfare.* Mrs. W. L. Chittom, probation officer, held the attention of all with a talk on her professional work.

Approximately fourteen members were present.

AGNES L. PARKINSON, *Corresponding Secretary.*

In a democracy, society must recognize that the individual has rights which are guaranteed, and the individual must recognize that he has responsibilities which are not to be evaded.—Dr. Harry Woodburn Chase, Chancellor of New York University.

Early Diagnosis of Tuberculosis Is Good Economy.—To keep an early case in a sanatorium for a few months may cost a few dollars. To keep an advanced case for several years may cost many thousands of dollars.—*Ohio Public Health,* June 1939.

BENJAMIN FRANKLIN KEENE

(Continued from Page 28)

activity and inverted the natural order of things by subjecting the higher to the lower, was degrading medicine into a mere business, leading men of real ability, who might have been remembered as benefactors of their race, to spend their noble energies in building up an extensive practice, irrespective of the means, by which alone the much-coveted prize could be won.

Because of Doctor Keene's peculiar fitness as a coördinating officer, it is not unfair to presume that, had he lived, the early history of medicine in California would have been vastly different and that the Medical Society of the State of California would have enjoyed an uninterrupted existence from March 13, 1856, to the present time. Credit for its revival upon a sound basis, however, enabling its uninterrupted existence for almost seventy years, is due to that other Southern gentleman—Doctor Logan,† a physician and an advocate of public health.

ADDENDUM*

Doctor Keene was not a Southerner by birth, but most of his mature life was spent in Georgia, where he married and practiced his profession for many years. He was born of old New England stock, and could trace his ancestry to Thomas Prence, twice Governor of Plymouth Colony, 1634-1638 and 1657-1673. His mother, a Quaker, was a close friend of John Greenleaf Whittier, who dedicated several poems to her and preached her funeral sermon in the little Quaker meeting house at Lynn, Massachusetts, in front of which she is buried.

Doctor Keene was born in 1813 at Lynn, where he attended high school and later the Friends' School, now known as the Moses Brown School, in Providence, Rhode Island. He read medicine under his uncle, Dr. Paul Swift, at Nantucket, Massachusetts, 1828 to 1830. Doctor Swift afterward became a member of the faculty of Haverford College, Pennsylvania. In 1832 Doctor Keene was admitted to the practice of medicine in Georgia upon submitting a thesis on cholera infantum. He practiced at Hillsboro, in that state, until 1847, when he enlisted in the Mexican War as private in the Texas Mounted Volunteers. He mustered out with his company on April 30, 1848, at Camp Washington, Vera Cruz, Mexico. For services rendered in that war, he received a grant of 160 acres of land located in Louisiana, which he sold in 1849 upon his departure for California. During the years 1847 to 1849 he was a member of the Georgia Board of Physicians (Examiners). His services as State Senator from Eldorado County covered the third, fourth, and fifth sessions of the Legislature, 1852 to 1853, 1854, and 1855 at Vallejo, Benicia, and Sacramento. He was president pro tem. of the Senate in the third and fourth sessions. Defeated for the office of lieutenant-governor in the State Democratic Convention, he was nominated for state treasurer; but his untimely death occurred before the election.

† For references to Doctor Logan in this issue, see pages 2 and 6.

* This addendum, giving additional information concerning Doctor Keene, was received at a later date than the other copy.

MISCELLANY

Under this department are ordinarily grouped: News Items; Letters; Special Articles; Twenty-Five Years Ago column; California Board of Medical Examiners; and other columns as occasion may warrant. Items for the News column must be furnished by the fifteenth of the preceding month. For Book Reviews, see index on the front cover, under Miscellany.

NEWS

Coming Meetings.

American Medical Association, New York, June 10–14, 1940. Olin West, M. D., Secretary, 535 North Dearborn Street, Chicago, Illinois.

California Medical Association, Hotel Del Coronado, Coronado, May 6–9, 1940. George H. Kress, M. D., Secretary, 450 Sutter Street, San Francisco.

Association of Western Hospitals, Hotel Biltmore, Los Angeles, April 8–11, 1940. Thomas F. Clark, Executive Secretary, 1182 Market Street, San Francisco.

Medical Broadcasts.*

American Medical Association Broadcasts: "Medicine in the News."—The American Medical Association and the National Broadcasting Company have announced "Medicine in the News," on timely topics from medical news of the week. Thursdays, 4:30 p. m., Eastern standard time (1:30 p. m., Pacific standard time), Blue Network—Coast to coast; thirty weeks, opening on November 2, 1939; facts, drama, entertainment, music.

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Los Angeles County Medical Association.

The radio broadcast program for the Los Angeles County Medical Association for the month of January is as follows:

Wednesday, January 3—KECA, 11:15 a. m., The Road of Health.

Saturday, January 6—KFI, 9:45 a. m., The Road of Health; KFAC, 10:30 a. m., Your Doctor and You.

Wednesday, January 10—KECA, 11:15 a. m., The Road of Health.

Saturday, January 13—KFI, 9:45 a. m., The Road of Health; KFAC, 10:30 a. m., Your Doctor and You.

Wednesday, January 17—KECA, 11:15 a. m., The Road of Health.

Saturday, January 20—KFI, 9:45 a. m. The Road of Health; KFAC, 10:30 a. m., Your Doctor and You.

Wednesday, January 24—KECA, 11:15 a. m., The Road of Health.

Saturday, January 27—KFI, 9:45 a. m., The Road of Health; KFAC, 10:30 a. m., Your Doctor and You.

Wednesday, January 31—KECA, 11:15 a. m., The Road of Health.

Placer Board Checks on County Insurance.—Auburn (Placer County), November 9.—County Purchasing Agent Thomas Wilson has been instructed by the Placer County Board of Supervisors to report on insurance carried by the county against malpractice by the county physicians.

The action was taken following a discussion of the increase in cases treated by the physicians.

Chairman William Haines said the county desires to be protected against possible suits that may be brought by indigents.—Sacramento *Bee,* November 9.

* County societies giving medical broadcasts are requested to send information as soon as arranged (stating station, day, date and hour, and subject) to CALIFORNIA AND WESTERN MEDICINE, 450 Sutter Street, San Francisco, for inclusion in this column.

Annual Registration Due January 1.—Every practitioner of medicine and surgery holding a license to practice in California is required by law to register annually, on or before January 1, with the secretary-treasurer of the Board of Medical Examiners, and at that time to pay a fee of $2. Failure to pay the required fee within sixty days after January 1 works a revocation of a license, and thereafter a license may be reissued only after application and the payment of a $10 penalty.

All Herds of Cattle in the United States Tested for Tuberculosis: Last Herd in California.—Every herd of cattle in the United States has now been tested for tuberculosis at least once. This announcement by the Bureau of Animal Industry, United States Department of Agriculture, assures the successful completion of eradicating bovine tuberculosis from the United States.

Testing the last herd signifies that all serious opposition which has hampered official tuberculin testing in various parts of the country has been overcome. Much retesting still remains to be done, but the most difficult obstacles in the campaign, which has been in progress since 1917, have now been surmounted.

The last herd to receive its initial test was in Stanislaus County, California. Among other progressive dairymen and cattle men, the owner has coöperated with officials in combating the disease. Of 123 cattle in his herd, ninety-five proved to be free of the disease. The first herd of cattle to be officially accredited in the coöperative federal-state campaign against the disease was the United States Soldiers' Home herd in Washington, D. C.

In recent months the principal zone of activity against bovine tuberculosis has been in a group of six counties in central California. All other counties in the state and in the United States have already qualified as "modified accredited areas," which signifies that the extent of the disease in all cattle in the area has been reduced to less than one-half of one per cent and that all reactors have been removed and slaughtered.

Although every herd in California and in the United States has now been tested, six counties in California have not yet qualified for official designation as modified accredited areas. However, the work is proceeding rapidly. Since July 1, 1939, a total of 472,599 cattle in California have been tested, of which 8,101 were classed as tuberculous.

During the progress of the nation-wide campaign a total of more than 220,000,000 tuberculin tests have been applied. This number, greatly exceeding the number of cattle in the United States at any one time, represents numerous retests and, of course, changes in the herds resulting from births, deaths, and sales of animals for various purposes. During the steady reduction of the disease through systematic testing and removal of reactors, a total of approximately 3,750,000 cattle have been sent to slaughter.

The tuberculosis-eradication campaign in the United States has been watched with interest by veterinary and livestock officials in the principal countries of the world, since it is the largest undertaking of its kind in the annals of agriculture and the veterinary profession. The continued activity will consist in periodic retesting in order to detect promptly any cases of the disease, thus providing a safeguard against any material reinfection.

"Communicable Diseases" Booklet. — In order to secure greater public coöperation for the control of "catching" diseases, the Public Health Service issued recently a 25-cent booklet, entitled "Communicable Diseases."

"If people understand the nature of disease, if they understand why certain control measures are necessary, they will coöperate," Dr. A. M. Stimson, Medical Director, United States Public Health Service and author of the book, states in his introduction to this illustrated government publication.

"If people understand, they will obey reasonable rules and regulations. They will go to their doctors when symptoms appear and shun the quack and the patent medicine vendor," Doctor Stimson concludes.

This 124-page booklet, distributed by the Government Printing Office, is intended as a source of dependable information primarily for students in high schools and junior colleges, and discusses about forty infectious diseases which are considered "the most important for people living in America at the present time to know something about." . . .

The Mississippi Valley Medical Society 1940 Essay Contest.—The Mississippi Valley Medical Society offers annually a cash prize of $100, a gold medal, and a certificate of award for the best unpublished essay on any subject of general medical interest (including medical economics) and practical value to the general practitioner of medicine. Certificates of merit may also be granted to the physicians whose essays are rated second and third best. Contestants must be members of the American Medical Association who are residents of the United States. The winner will be invited to present his contribution before the next annual meeting of the Mississippi Valley Medical Society at Rock Island, Illinois, September 25-27, 1940, the Society reserving the exclusive right to first publish the essay in its official publication. All contributions shall not exceed five thousand words, be typewritten in English in manuscript form, submitted in five copies, and must be received not later than May 1, 1940. Further details may be secured from Harold Swanberg, M. D., Secretary, Mississippi Valley Medical Society, 209-224 W. C. U. Building, Quincy, Illinois.

Comment Concerning Pyrethrum Dermatitis.—CALIFORNIA AND WESTERN MEDICINE, in its issue of April, 1939, on page 265, printed a paper on "Scabies: Its Treatment with Benzoyl Benzoate, as Compared with Sodium Thiosulphate Plus Hydrochloric Acid." Dr. Arne E. Ingels was the author of the article, which was discussed by Dr. C. Russell Anderson of Los Angeles.

In order to clear a possible misunderstanding of his discussion, Doctor Anderson has sent us a letter, from which the following is quoted:

"1. A contact pyrethrum dermatitis is due to an acquired specific sensitivity, and such sensitivity is usually permanent. It is known that patients who have this sensitivity are sometimes subject to episodes of dermatitis on exposure to pyrethrum in any form, and that these same individuals are predisposed to develop a polyvalent sensitivity to other plant oils, etc. I am sure that these facts are in the minds of all dermatologists.

"2. However, Doctors Sweitzer and Tedder treated 1,213 cases of scabies with pyrethrum ointment, and only two of the cases developed a specific sensitivity as proved by patch tests.

"3. Therefore, I agree with Mr. James Upsher Smith that the question of the possibility of a pyrethrum dermatitis is so far of little practical importance, and that many practitioners might become unduly alarmed after reading my discussion of Doctor Ingel's paper. I wish to emphasize that pyrethrum ointment has been used with a great deal of satisfaction by many physicians."

University of California Cyclotron and Cancer.—The dark regions beyond the present frontiers of cancer therapy are being explored for the first time by a new and somewhat spectacular mechanical creation of the physical sciences, the 225-ton medical or "atom-smashing" cyclotron of the University of California.

It was the development of this new cyclotron which brought the Nobel Prize in Physics to Dr. Ernest Orlando Lawrence of Berkeley a few weeks ago.

Announcement has been made that human cancer patients are now being treated with neutron rays produced by the cyclotron. It is hoped that these rays may break down the wild, self-reproducing cancer cells, and effect, at least temporarily, some definite remission of disease progress.

Actually, two cyclotrons now figure in this new picture of scientific endeavor. One is the older 37-inch cyclotron, an 85-ton affair, with which the neutron ray was first developed and the first clinical tests made. Results with this machine justified the building of the new 60-inch cyclotron with a neutron intensity ten times that of the old. This new engine now dominates its own fine laboratory, the newest building on the University of California campus and the best known.

The Washington announcement was occasioned by the fact that Doctor Lawrence, together with his medical colleagues, was reporting the first clinical work with the new cyclotron to Dr. Ludvig Hektoen, Director of the National Advisory Cancer Council, which has been at the forefront with financial and technical assistance for the Berkeley physicist.—*United States Public Health Service Bulletin.*

Common Salt Found to Restore Full Adrenal Function.—Through tests made possible by use of radio-active sodium and radio-active potassium it had been found, experimentally, that ordinary sodium, or the table salt of commerce, restores complete function when the cortex of the adrenal gland has been damaged or removed. The adrenal cortex supplies the bodily factors which control sodium and potassium in the body and also has some influence on the functions of sex. The test substances were made radio-active in the University's famed cyclotron or "atom-smashing" machine. No human tests have been made as yet.

It has been known for some time that sodium and potassium were effective in counteracting adrenal cortex damage, but, up to the time of the present experiments, it had been known that they completely take the place of the cortical function, at least temporarily. It had been presumed, as the result of past experimentation, that these substances when administered, merely made up their deficiency as caused by the damaged or destroyed gland. Now it has been determined that they make up for all of the collateral factors of the gland's activity as well.

While the experiments promise no immediate change in the prognosis of adrenal cortical damage, they furnish a new method of study of the physiology of the adrenal cortex. Perhaps the best known ailment resulting from this damage is Addison's disease, the progress of which is definitely halted by the administration of table salt. It is presumed that the new findings will be helpful in the effort to determine the proper dosage of sodium or potassium in adrenal cortex damage.

Damage to the adrenal cortex is a fairly frequent complication of tuberculosis, although it may also occur in other ways.

The tests were made by Dr. Evelyn A. Haymaker, assistant professor of medicine in the University of California Medical School and also a research associate in the University's Institute of Experimental Biology.

Tomb of Ancient Medicine Man Unearthed in Arizona.—Flagstaff, Arizona, November 23.—Bones of an Indian medicine man, entombed in the most elaborate vault and accompanied by the richest burial offerings ever found in the Southwest, have been discovered in the hills east of here by archeologists of the Museum of Northern Arizona.

Dr. Harold Colton, director of the museum, said the discovery was made during test excavations of the famous ridge ruins, a thirty-room pueblo believed to have been built and inhabited as early as the twelfth or thirteenth century.

Vault in Crumbling Pueblo

The vault itself was found under the heavy flooring in a remote corner of the crumbling pueblo.

Besides the bones, Doctor Colton said, were more than one hundred pieces of jewelry, statuary, pottery and other artifacts, indicating by their great number that the Indian was of great importance in the prehistoric community, probably a medicine man of "great magic."

It was believed the tribesmen, fearing the power of the deceased witch doctor, showered great numbers of gifts upon him to "court" his good will in the world in which he had departed and into which they, too, were destined to go. . . . —San Francisco *News*.

National Conference on Medical Service.—The National Conference on Medical Service (formerly the Northwest Regional Conference), will hold its fourteenth annual meeting at the Palmer House, Chicago, Sunday, February 11, 1940. All state medical societies have been invited to send representatives to the Conference, designed to provide a medium for the verbal exchange of information on progressive medical service activities being conducted throughout the United States, and to discuss the solution of problems arising from the distribution of medical service to all classes. The Conference is not official nor political, is not connected with any other organization or committee, and its deliberations result in no resolutions or motions. It is informal, has no dues, by-laws, or formal organizational structure.

The Conference has been successful because it affords an opportunity for physicians who are officially associated with or personally interested in medical economics, to exchange ideas for the good of the profession and the public.

The 1940 program, designed to give sound practical information, includes symposia on group medical care and group hospitalization programs, the allocation of federal funds to the states, the Washington scene, effective public relations by physicians, and medical welfare programs (including the federal assistance groups, outdoor relief group, and medical and surgical care in hospitals).

Seventeen men, representing as many states in the Union, will be on the program of this one-day meeting. It is anticipated that some thirty-five states will send representatives to the Conference.

All talks will be presented verbally—no manuscripts allowed—and will begin and end on time. The meeting will start at 10 a. m. and end at 4:15 p. m.

Dr. L. Fernald Foster, Bay City, Michigan, is president of the National Conference, and Dr. Forrest L. Loveland, Topeka, Kansas, is secretary.

Cell-by-Cell Test Made in Neutron Cancer Study.—What may be termed a cell-by-cell examination of the effects of the neutron ray on both normal and malignant animal tissue is being made by the Radiation Laboratory of the University of California. The neutron ray is perhaps the most spectacular product of the University's cyclotron or "atom-smashing" machine, and is being used in both animal and human tests for a determination of its effect on the composition of cancerous growths.

It has been determined that the neutron ray has certain advantages over the most powerful x-rays in the breaking down of malignant tissue cells, but this advantage is not maintained in the reaction of the ray on normal cells. It has been found necessary, therefore, to study in the most detailed manner possible the reaction of the neutron ray on both types of cells in order that this new therapeutic force may be developed to the best possible advantage.

The experiments are being conducted by Dr. Margaret Lewis, research fellow in the Radiation Laboratory. Dr. Warren Lewis of the Carnegie Institution, Washington, D. C., is assisting in the initiation of the work. The findings will be submitted to Dr. E. O. Lawrence, director of the laboratory. The cells being examined are all in the active stage, being grown outside the body in artificial media.

Simultaneous experiments on the action of the neutron ray on plant cells are also going on at another point in the Radiation Laboratory in the effort to round out the whole picture of neutron and x-ray radiation on cellular growth. As an aid to these experiments, more than ordinarily powerful x-ray apparatus has been installed in the laboratory in order that both types of radiation may be closely compared through these tests.

Sex Information for Youth.—Schools must accept their share of the responsibility for eliminating unreliable and undesirable sources of sex information for youth, according to Dr. John W. Studebaker, United States Commissioner of Education, and Dr. Thomas Parran, Surgeon-General of the United States Public Health Service.

Far too often, information about sex is largely obtained by chance or mischance and there seems to have been little objection to such haphazard learning. "Otherwise," stated Doctor Studebaker, in a foreword to "High Schools and Sex Education," a manual for teachers recently published by the United States Public Health Service, "long ago we would have done more about it in the programs of our schools."

According to Dr. Studebaker, "it cannot be said that young people do not need to know about sex and its manifold implications. Above all subjects, it is the one about which, at high school age, they most wish to learn."

It was his opinion also that "the students are often wiser in their demands than those who plan for their supply. A course in this field of sex education need not be 'required,' for it is desired."

Surgeon-General Parran, in his part of the foreword, deplored what he terms "the persistent feeling that blundering humans should not discuss sex lest they corrupt and spoil it." Doctor Parran pointed out that because discussion has been avoided "many people see sex dimly through a mist—dangerous, but mysteriously attractive. The effect of the taboo against discussion heightens the curiosity of many young people, and imagination is often substituted for sober facts."

The 130-page manual, published recently, was written by Dr. Benjamin C. Gruenberg with the assistance of J. L. Kaukonen of the United States Public Health Service and is designed primarily to aid teachers in meeting the problems of sex education as they are found in secondary schools.

Final Figures on Chiropractic Initiative.—Sacramento, December 4 (UP).—Secretary of State Frank C. Jordan announced today that 2,974,406 persons voted at the November 7 special election, the highest total of any California election.

The vote was 82.48 per cent of the state's total registration.

The previous high vote was 2,712,342 at the 1936 general election. The percentage of registration in 1936, however, was 83.35.

The official election returns showed that the Ham and Eggs Pension Plan was defeated by a majority of nearly a million votes.

Majorities for the two small loan regulation bills and against the chiropractors initiative exceeded a million each, while the Atkinson oil control bill was defeated by a margin of 645,000 votes.

The small loan measures go into effect December 9—five days after the official declaration of the vote.

The final figures are as follows:

No. 1, Retirement Warrants—yes, 993,204; no, 1,933,557.

No. 2, Chiropractors—yes, 801,173; no, 1,894,764.

No. 3, Personal Property Brokers—yes, 1,853,663; no, 753,480.

No. 4, Personal Property Brokers—yes, 1,850,811; no, 732,873.

No. 5, Oil and Gas Control—yes, 1,110,316; no, 1,755,625.—Los Angeles *Herald-Express*, December 1, 1939.

Farm Bureau Moves for Hospitalization.—Combining its efforts with those of the California Farm Bureau Federation, the Santa Clara County Farm Bureau continues to maintain that one of the greatest needs of agricultural and rural communities is adequate hospitalization and medical care, Frank E. Campbell, President, said today. This goal, which has long been the dream of every farmer and rancher in California, is fast becoming a reality as county committees continue to push forward this important program.

At the last annual meeting of the State Federation at Sacramento, representatives of the California State Medical Association expressed a willingness to aid in working out a hospitalization and medical care program to serve rural Californians.

"This is indeed a step forward in the right direction," said Mr. Campbell.

Asks Hospitals for All

A few of the points dealing with this program which are under consideration by the California Farm Bureau Federation are as follows:

1. County hospitals should be open to all on a pay or part-pay patient basis.

2. Pay patients should select a doctor of their own choice, the equipment of the county hospitals to be used by all doctors of the county.

3. All patients should be given the necessary care before investigating financial standing.

4. County ambulance should be provided to serve all parts of the county.

5. There should be no stigma of pauperism attached to or associated with hospitalization.

"It is such programs as this that go to make up the ever-increasing activities carried on by the Farm Bureau in behalf of its rural members and their families," said Mr. Campbell.

Santa Clara County extends an invitation to its members, families, and friends to attend the twenty-first annual meeting of the California Farm Bureau Federation to be held in San Diego, where those interested in rural hospitalization will have the opportunity of hearing Dr. Von T. Ellsworth, legislative and tax representative of the Farm Bureau, discuss the subject, "Adequate Hospital and Medical Care for Rural People."

This is only one of the many important topics which will be discussed at this annual meeting, and in accordance with Farm Bureau policy. All sessions are open to the public.—San Jose *News*.

Cotton Rat and Poliomyelitis.—Successful transmission of a strain of poliomyelitis (infantile paralysis) to the eastern cotton rat was reported by the National Institute of Health of the United States Public Health Service.

"The discovery is especially timely since the war will interfere with the importation of monkeys which to date have been the only susceptible experimental animals for poliomyelitis," Dr. Thomas Parran, Surgeon-General of the Public Health Service, stated in commenting on the investigations which will be summarized in the September 22 issue of the *Public Health Reports*.

The virus which causes poliomyelitis now has been carried through seven transfers in this rodent species, according to the report.

"The discovery of a cheap, easily handled experimental animal that can be readily reared in captivity may be expected to facilitate further studies of infantile paralysis, including the search for a possible cure," Surgeon-General Parran declared.

The symptoms produced in the rats are a counterpart of those observed in children in that one or more limbs or even the respiratory muscles may become paralyzed. Virus from the second and fifth rodent transfers produced typical experimental poliomyelitis when returned to monkeys. The results are a continuation of studies begun in 1937.

The Fight Against Syphilis.—Here are some gains to date against the pale spirochete, the causative organism of syphilis:

Public Opinion.

The Press.—Throwing off the old shackles of fear and prejudice, the press now accepts its vitally important rôle as a leading medium of public information about syphilis.

The Radio.—In 1936 the word "syphilis" was generally taboo on the air. In 1938 and 1939 nation-wide broadcasts and local programs carried the story of the ravages of the disease to millions of listeners.

Community Participation.—The American people have emerged from a fog of indifference and half-knowledge to a clear understanding of what the disease syphilis is and a firm resolve to do something about it. Evidence of public interest and concern were the 5,000 group and community meetings held to discuss the problem at the time of the third National Social Hygiene Day, February 1, 1939.

Legislation.

To put an end to the tragedy of syphilis of the new-born and the spread of syphilis in marriage, nineteen states have now adopted laws requiring examinations for syphilis, including a blood test, before marriage; seventeen states now require blood tests of all women during pregnancy.

In 1938–1939 the Federal Congress appropriated three million dollars for aid to the states and municipalities in their fight against syphilis and gonorrhea. Five million dollars have been made available for such federal aid during 1939–1940.

Law Enforcement.

Prostitution, a social evil and the principal means of the spread of syphilis and gonorrhea, has been minimized in those cities where a strong program of law enforcement has been maintained. Studies indicate that where public opinion and public officials are determined to reduce prostitution, they can do so.

Medical Advances.

Research has greatly improved methods and facilities for diagnosis, treatment, and control of syphilis. Science has also made great strides against gonorrhea. The medical profession and the public health agencies, federal, state,

and local, are coöperating whole-heartedly in the nation-wide campaign against these diseases.

Education.

Thousands of youth groups are studying social hygiene, learning how to "guard against syphilis" and preparing to meet the problems of adult life. Parents, teachers, ministers, social workers, doctors, nurses—people of all walks of life—are taking part in the campaign for better public understanding of this major health hazard.

Organized Groups.

Now 140 state and local social hygiene societies and committees are forwarding the campaign against syphilis and the broad program of education for better family life and living which is the ultimate objective of the social hygiene movement. Coöperating with them are hundreds of national agencies, which have set up special social hygiene committees to help forward the nation-wide program: men's groups, women's clubs, parent and teacher associations, church groups, social agencies, and many more.

That it rests firmly on this broad base of support is the great strength of the social hygiene program.

Demand for Aviation Medicine Told by Doctor Reed. The rapid changes in climate, environment, and altitude achieved by the airplane have medical ramifications that are becoming increasingly important. Detailed information is necessary on the data of radiation, air pressures, dust carriage, and rapidity of physical changes in order that aviation medicine may expand sufficiently to cover its own field adequately.

This was stated in the presidential address of the thirty-fifth annual meeting of the American Society of Tropical Medicine recently by Dr. Alfred C. Reed, professor of tropical medicine of the University of California.

"Automobile traffic is bringing to light a number of health factors unrelated to actual injuries," Doctor Reed said. "Its problems are unsolved to a surprising degree. Since man began to move about on this earth, his forms of transportation have been changing constantly, and solutions always lag behind new problems of traffic."

Control of disease in passenger traffic of all kinds will depend upon the education of the traveler in a very simple way, such as plain printed rules for health protection, he said. Teaching the practicing physicians some of the essentials of tropical medicine and providing a few places for intensive graduate training in this medicine would be helpful.

Appended to his talk was a list of rules that Doctor Reed said travelers should follow. They cautioned against the use of unboiled water, vegetables, fruits and milk, urged moderation in the consumption of alcoholic liquors, and cautioned against too much exposure to the sun.

Press Clippings.—Some news items from the daily press on matters related to medical practice follow:

Chiropractic Election Cost Reported

Sacramento, November 27 (AP).—The California Medical Association of San Francisco, in a final statement on its November 7 election campaign against the chiropractic initiative, today reported receipts and expenditures of $11,369.—Los Angeles *Times*, November 28, 1939.

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Ex-Felons on Hospital Payroll, Jury's Charge

A former bank robber and other felons have been employed at the Los Angeles General Hospital, and although nurses are paid higher wages than in other hospitals throughout the nation, beds are unmade and infants are not fed on time.

These were highlights of the scathing denunciation of conditions at the General Hospital contained in a report of the County Grand Jury to the Los Angeles County Board of Supervisors which was on file today without action by that body.

The report, over the signature of Grand Jury Auditor Eugene Berger, declared:

"The hospital has hired employees with known criminal records, including bank robbery, smuggling, and counterfeiting.

"The nursing staff has been curtailed for economy, which has left critically ill patients without care.

Infants Neglected

"Infants frequently are not fed on time and often their feeding is delayed one hour or more.

"Approximately 450 school children needing surgery cannot be admitted, but recently 400 patients were admitted to the hospital without first ascertaining whether they were eligible to receive free aid.

"Beds of postsurgical patients are left unmade and their night care omitted. Patients treated for burns have not had their beds made for four days, although some were critically ill.

"Children between 5 and 15, suffering from ear infections, were not treated as prescribed.

"Patients wait from three to seven days for surgical treatment which x-rays indicate as urgent.

Criminals Employed

"The hospital's social service is poorly organized and buried under a mass of red tape. Patients have to wait for hours for social service interviews.

"More than 400 cases requiring surgery are now on the waiting list." . . .

The report also declared that a closer coöperation between the General Hospital, Olive View Sanitarium, and the Rancho Los Amigos be effected with a view to elimination of unnecessary expense to the county of maintaining patients at the hospital who properly belong elsewhere. . . . —Los Angeles *Herald-Express*, December 15, 1939.

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Action Aimed at Hospital

Supervisor McDonough Calls Meeting to Study Grand Jury's Report

Dissatisfied with the action of the Board of Supervisors in tabling the recommendations of the County Grand Jury relative to the Los Angeles County General Hospital, Supervisor Gordon L. McDonough has called a meeting for 10 a. m. today to further study the report with a view to making improvements at the institution.

Officials Invited

Among those invited to attend the meeting, to be held in the assembly room of the Hall of Records, are members of the Board of Supervisors, Mrs. Carrie P. Bryant, Chairman of the Health and Charities Committee of the Grand Jury; Sam Horton, Foreman of the Grand Jury; Eugene Berger, Grand Jury Auditor; J. C. MacFarland, Chairman of the Hospital Lay Advisory Committee; Dr. Walter Bayley, Chief of the Hospital Attending Staff; Drs. Paul S. McKibbon and Percy Magan, members of the Hospital Advisory Board; Rex Thomson, County Superintendent of Charities, and Col. Wayne R. Allen, County Manager.

Proposals Shelved

Recommendations of the Grand Jury, which included one favoring the creation of a board of regents to run the General Hospital and related institutions of the county government, were shelved on Thursday by the Supervisors.

"I do not believe that the Board has given sufficient consideration to the Jury's recommendations," McDonough said.

"I am informed by the secretary of the County Civil Service Commission that the nation-wide examination to select the director of the hospital cannot be completed and an eligible list compiled before March 1, next, at the earliest. In the meantime, I believe the Jury's recommendations should be put into effect to better conditions at the Hospital instead of assuming a 'do nothing attitude' until the director is appointed."

Demands Action

The Supervisor declared he will ask at the meeting today that the Grand Jury report be approved and that the County Superintendent of Charities and the chief administrative officer be ordered to make effective immediately the proposed adjustments as recommended by the jury report.—Los Angeles *Times*, December 13, 1939.

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Adequate Medical Care by Ellsworth

Of especial interest to farm people will be the address by Von T. Ellsworth, tax and legislative representative of the California Farm Bureau Federation, who will speak on "Adequate Hospital and Medical Care for Rural People." The many counties which have set up county hospitalization committees will have opportunity to gain considerable information regarding future activities from Doctor Ellsworth's discussion. Of further interest to those concerned with hospitalization and medical care a presentation of the "Plan of California Physicians' Service" will be given by

A. W. Widenham for consideration by the California Farm Bureau Federation.—Santa Barbara County *Farm Bureau Monthly*, November, 1939.

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Professional Men Hold Joint Dinner

First joint dinner of the San Francisco County Medical Society, San Francisco District Dental Society, and the Bar Association of San Francisco was held last night in the Palace Hotel.

Purpose of the event was to acquaint each group with the aims and problems of the others. Dr. Alson R. Kilgore spoke for the doctors; Dr. Chester N. Johnson for the dentists, and Harry S. Young for the lawyers. Dr. Edwin Bruck, chairman of the medical society, presided.—San Francisco *Chronicle*, December 8, 1939.

* * *

Santa Rosa Town Meeting Crowd Hears Health Debate

Health and money provided the vital topic on which two learned persons debated several hours last night at the Santa Rosa High School.

The debaters, appearing on a program sponsored by the Santa Rosa Town Meeting Association, agreed that health is the objective.

They disagreed on the monetary side in analyzing the most economical path to trod for its attainment.

The debate, heard by an audience nearly filling the auditorium, hinged on the proposition that California should adopt a compulsory health insurance plan.

The question has arisen since the California Physicians' Service proposition, sponsored by the medical associations of California and started two months ago, was first propounded.

Tells Medico View

"Doctors," pointed out Dr. Alson Kilgore of San Francisco and prominent in the California Medical Association, "realize even better than nonmedical people the fact that as medical science has discovered new ways of relieving pain, curing diseases and prolonging life, the cost of good medical care has increased and has become too great for people of low income in serious sickness."

The fact that doctors do realize this is evidenced by establishment of a $2.50 a head plan of health insurance, he explained. The state-wide plan is in operation.

"The doctors do object to compulsion by the state, to political control of the treatment of the sick, to the inevitable waste in bureaucratic administration of money contributed to the scheme which should go to the care of the sick," asserted Kilgore.

Medical men are not encouraged by the experience of government-controlled health insurance abroad, because apparently the standard of medical care has deteriorated, he added. . . . —Santa Rosa *Republican*, November 30, 1939.

* * *

March of Medical Science Revealed to Covina Forum

"He is the best physician who knows the worthlessness of most medicine." This quotation from Benjamin Franklin was used by Dr. Elmer Belt in his lecture before the Monday night forum of Covina night school as he spoke on the topic, "Recent Advances in the Fields of Medicine and Surgery." Doctor Belt inferred that there is far more to the practice of medicine than the prescription of drugs, and that the modern doctor should be well aware of the enormous responsibility that rests on his shoulders.

Origin of Science

In a scholarly address Doctor Belt reviewed briefly the development of medical science, starting with the early physician, Galen, and tracing medical history through the achievements of Jenner, Pasteur, Erlich, and others, to the present-day work of Banting and Best in the development of insulin, of Minot of Harvard and Whipple of Rochester, Nobel prize winners, for their work on pernicious anemia, and the most recent achievements of Stanley at the Rockefeller Institute for his identification and synthesis of viruses causing many common diseases.

The production and use of various vaccines and serums were described, notable among which is the control of diphtheria, that scourge of childhood of past generations. By the use of antitoxin this disease is no longer prevalent, by the fact that today, in Los Angeles, there are only five residences under diphtheria quarantine in a city of one million inhabitants. Doctor Belt stated that there are thirty-two types of pneumonia, all of which can be controlled by the use of serums.

Ceaseless Search

The research laboratories of the world are engaged in a continuous search for new drugs that will control disease. A recent achievement is the synthesis of sulfanilamide and its derivatives which, when injected into the blood stream, destroy the harmful bacteria of many diseases.

Relief from the ravages of the common cold is promised in the recent production of various types of serums. Doctor Belt described one of these which can be taken by mouth over a period of a few days. He stated that it had been used experimentally by the working force of several large Los Angeles corporations and had produced immunity for a period of six months in 99.9 per cent of the cases involved.

Slides Add Interest

The lecture of Doctor Belt was illustrated with slides which he had made especially for this occasion. They added much to the value of his program. An interesting period of discussion followed the lecture. The doctor stated that it was a very pleasant occasion for him, and the audience was equally interested.

The concluding lecture of the series, "Trends in the Administration of Medical Care," will be delivered by Dr. George Parrish, chief of the Los Angeles Department of Public Health, on Monday, December 4, at 7:30. He will discuss the topic, "The Administration of Public Health."—Covina *Argus*, November 30, 1939.

* * *

Doctors Take High Stand

Nearly unanimous refusal of the one thousand physicians of New Zealand to accept a state-guaranteed annual income of $7,500, provided they coöperate with the government's socialized medicine law, illustrates the attitude toward compulsory sickness insurance of many doctors in every country. The sum offered the New Zealanders is more than the average doctor there earns.

Motives of doctors in the United States who have opposed the compulsory insurance plan have been questioned by some skeptics, who appear to think the medical men are afraid their earnings will be reduced. Many thousands know of the philanthropy of the better class of physicians. Some estimates of the annual amount of free service given by American physicians place it at more than $300,000,000 a year.

Obviously, the current opposition of organized medicine to the interference of government is based on higher than mere monetary grounds. As the American Medical Association declares, compulsory sickness insurance may be harmful to patient, physician, and state.—From the *Christian Science Monitor*, in the Tulare *Times*, December 1, 1939.

* * *

Initiative Proposal Aimed at Doctors

San Francisco, December 2 (AP).—A proposed initiative measure which would make surgeons liable for unnecessary operations was submitted for titling to Ward Sullivan, Deputy Attorney-General, today by Dr. J. Theo Hollie, Salt Lake City and Los Angeles naturopathist.

The proposition includes the following:

Defines unnecessary operations as those in which no pathology is found to exist, those performed pursuant to a wrong diagnosis and those performed in which no relief could be obtained by the patient;

Provides that a written diagnosis must be submitted to the patient by the surgeon prior to the operation, and that all excised tissue must be sent by the surgeon to the State Department of Public Health, along with a copy of the surgeon's record of the case, within five days after the operation;

States that the health department must make tests of the tissue and give the patient a copy of the report, and that the department must retain the tissue for three hundred days;

Provides that all prescriptions written by doctors must bear English interpretation of the symbols or names in another language;

Would make hospitals liable for an unnecessary operation to the extent of $500 damages, and a surgeon convicted of violation of the act subject to a $500 fine, six months in jail, and suspension of license for from six months to two years.

Doctor Hollie last week submitted to the Attorney-General's office for titling another proposed initiative aimed at the separation of nonmedical practitioners from the State Board of Medical Examiners and the creation of a nonmedical board. — Fresno *Bee-Republican*, December 2, 1939.

* * *

Make Doctors Write While Patient Waits

An initiative intended to prevent unnecessary operations has been filed with the Attorney-General for titling. It would require a surgeon to make a written diagnosis before operating and to send all tissues removed to the State

Board of Health. Within twenty days the Board would report to the patient whether the operation had been necessary or was the right one to do.

This would make calling in a stenographer a first step to an operation. Dictating probably would be no novelty when so many doctors have turned author and have written, or are writing books. But the present way is to write doctor books afterward and not before.

If the doctor were to get absorbed in his task, forget a patient was waiting and think he was pursuing the royal road to royalties, it would be tough on the patient. But if the doctor could tear himself away from literary labors and get on with the operation, he eventually would get something to send the board of health. Imagine the patient's horror if twenty days later the Board wrote: "Dear Patient—The doctor made a mistake taking out your appendix. In our opinion, he should have cut off your head."

If the people, in their wisdom, should pass such an initiative, the next step would be to require barbers to send the Tonsorial Board all clippings, to decide whether the customer actually needed the haircut.—From the San Francisco *Chronicle,* in the Hanford *Journal,* December 10, 1939.

* * *

Oral Treatment for Syphilis Is Announced

Chicago, December 13 (AP).—A new drug for syphilis, which is the first of its kind to be effective when taken by mouth, has been released to doctors generally.

The drug, a powder that can be swallowed in capsule form, was discovered at Stanford University's Medical School and has been tested for almost four years in some of the nation's leading clinics.

Formal acceptance of the medicine was given today in *The Journal of the American Medical Association* by its Council on Pharmacy and Chemistry. It can be obtained only by prescription.

Heretofore the standard treatment for syphilis has been alternate injections of arsenic compounds into the vein and bismuth compounds into the hip muscles.

Injections Are Necessary

The new drug, also a compound of the metal bismuth and called sobisminol mass, permits elimination of bismuth injections; but it must be taken in conjunction with injections of one of the arsenical compounds.

Its discoverer, Dr. Paul J. Hanzlik, head of Stanford's Pharmacology Department, and his associates, found that it would do what other bismuth compounds apparently were unable to do when taken orally—resist digestion and penetrate the stomach and intestinal walls to be absorbed into the blood stream.

Such penetration is necessary to reach and help kill syphilis germs, which spread to all the body's organs and tissues.

Convenience Is Cited

Since taking sobisminol mass at home will eliminate some trips to the doctor's office, physicians hope that this added convenience and economy would encourage or permit a continuation of treatment by patients who might otherwise fail to return for injections at the proper time.—Fresno *Bee-Republican,* December 13, 1939.

* * *

Chamber Plans to Popularize Spas in State

A. E. Goddard of Sacramento, Chairman of the Travel Committee of the California State Chamber of Commerce, announced today that a project to revive interest in California mineral springs, which will benefit the people of the entire United States, will be undertaken by the Chamber.

"In the old days," said Goddard, "California's mineral springs were among the greatest tourist assets of the state. Then the advent of the automobile brought a change in vacation habits and the desire to see as much of the country as possible in the shortest possible time. Today, with the terrific pressure under which we work and live, we must have periods of rest and recreation of the kind we most enjoy. There are no more logical places for this purpose than our numerous spas, situated as they are in the mountains, on the seacoast, and in the desert.

"In addition, the popularizing of these springs offers a real economic opportunity. With the war in Europe, thousands of people who are sent to the spas of Europe must look to those of the United States. Others will find in our mineral springs an excellent reason for a trip to California."

The decision to undertake the program was made at the annual state-wide meeting of the State Chamber in San Francisco. Mrs. Alma Spreckels Awl pointed out California's opportunity to capitalize on her mineral spring attractions; Walter Bradley of the State Mining Bureau compared the springs of California with those of Europe; Ned Richardson of Richardson's Springs told of their popularity in the old days; Dr. George H. Kress of the California Medical Association gave the views of the medical profession; and John Cuddy of Californians Inc. discussed conditions to be met to publicize the springs nationally.—Sacramento *Bee,* December 13, 1939.

* * *

Ventura County Hospital to Charge Patients

The superintendent of the Ventura County Hospital hereafter will have the power to charge patients brought to the hospital for treatment in proportion to the patient's ability to pay.

This was the order of the Board of Supervisors today as it passed a resolution authorizing the superintendent to affix fees for medical treatment given to persons brought to the hospital, provided the persons are able to pay.

Under this resolution, therefore, a patient may be treated at the county hospital even though he is able to pay for treatment at some other hospital. The superintendent then will investigate his financial status, and charge him accordingly. If the patient refuses to pay, the superintendent was empowered to bring suit in the name of the county for the payment of the fee.

District Attorney M. Arthur Waite and his deputy, Julian Hathaway, brought the matter before the Board. Although no names were mentioned, a recent case growing out of the National Guard Armory fire brought embarrassment to the county when a patient assertedly was refused admittance to the hospital because he was able to pay for treatment elsewhere.

Hathaway explained that the purpose of the resolution was to empower the superintendent to charge a fee and to collect it for the county, thus relieving the county of a certain amount of expense in operating the hospital.

The resolution, passed unanimously, made no attempt to set fixed fees for patients, as supervisors agreed different situations would require different fees.—Oxnard *Press,* December 5, 1939.

* * *

State Health Insurance

Compulsory health insurance is now taking a prominent position, both politically and economically, throughout the country. A bill is now before the Congress which would appropriate funds to be used by individual states to establish health insurance in individual states.

Taxes on pay rolls and other forms would make a demand on employer and employee alike, a fact of which the average citizen today is unaware. A further pay-roll tax of a billion dollars a year is forecast. This is but one phase of the compulsory health insurance scheme.

Incidentally, it would mean the building up of another horde of individuals who would be "melded" into the project by civil service just as the sales tax and the liquor system of California have done. This welfare hysteria has gone far enough. It is high time that a moratorium on such bills should be declared in the Congress and in state legislatures.—Alameda *Times-Star,* December 14, 1939.

* * *

New Migrant Study Scheduled by United States

Report Ordered by President Roosevelt from Committee

Washington, December 15.—Another Federal study of the migrant problem was in prospect today.

Josephine Roche, chairman of the interdepartmental committee to coördinate health and welfare activities, intends to put a subcommittee on migrants to work writing a report on the subject.

The committee has just been revived by President Roosevelt after a six-month period of inactivity. Miss Roche submitted her resignation last summer and considered her work at an end after making recommendations on health legislation. A few days ago the President told her he wanted her to continue on other problems.

When the interdepartmental committee was first created several years ago a subcommittee on migrants was appointed, but never has reported.

A meeting will be held here next week to make plans for carrying on the new work.—San Francisco *News,* December 15, 1939.

* * *

Census Takers Ready to Count Los Angeles

Offices Opened and City Expected to Reach 1,500,000

Officials of the United States Department of Commerce today established Los Angeles County headquarters at 1206 South Santee Street for the 1940 census that is expected to disclose that the city has a population somewhere in the vicinity of 1,500,000; the county, 2,208,492, and the state, 7,100,000.

These figures were recently released by the California Taxpayers' Association after a careful survey, and are regarded as authentic.

Enumerating the population will not begin until April, however. The 1940 census includes a survey of business, manufacturing, and farming operations that will begin on January 2, next, and will include information on the occupation, industry, and employment status of every worker and potential worker in the county, as well as in the nation. . . . No information given a census worker can be revealed to a private source. The federal law provides heavy penalties for in any way disclosing trade secrets or other facts confided to a census worker.—Los Angeles *Herald-Express*, November 29, 1939.

* * *

Medical Aid for Unemployed

Two-Million-Dollar SRA Program Proposed

The need for a state-wide program of medical aid for the unemployed and migrants of California was emphasized today by Dr. A. E. Larsen, medical director of the SRA.

Doctor Larsen said the growth of unemployment and relief in the state since 1930 had created an entirely new health problem—medical care for indigents.

"Improve the health of indigents 50 per cent," he said, "and you will improve general health 100 per cent."

He urged a permanent indigent health program, operating on in independent basis, and giving complete medical care for the needy through a system of clinics located throughout the state.

Doctor Larsen said low standards of health among California's unemployed constitute a menace to general health.

The two-million dollars spent each year in California by state and federal agencies is not sufficient to meet the indigent problem, he said, and the $750,000 spent by the SRA each year on medical care for relief clients is limited primarily to emergency treatments with no provisions for hospital care or the correction of chronic physical disabilities.

Doctor Larsen advocated a two-million dollar SRA medical program, giving complete care for relief clients. He said the program would save millions of dollars in tax funds by preventing sickness and restoring working ability to those forced to go on relief through physical ailment.—San Francisco *News*, November 15.

LETTERS

Subject: A letter from the California Board of Nurse Examiners.

(COPY)

STATE OF CALIFORNIA
DEPARTMENT OF
PROFESSIONAL AND VOCATIONAL STANDARDS
Dwight W. Stephenson, *Director*
Fred A. Taylor, *Assistant Director*
BOARD OF NURSE EXAMINERS

Sacramento, December 20, 1939.

George H. Kress, M. D.
Secretary, California Medical Association
450 Sutter Street
San Francisco, California.

Dear Doctor Kress:

The Board of Nurse Examiners, which, as you know, was recently appointed by his Excellency Culbert L. Olson, has begun its important work of putting the provisions of the Nursing Practice Act into effect.

The Board recognizes that the Act was made possible only through the whole-hearted support of hospital administrators, the medical profession, the nursing organizations and allied professional groups.

To bring every bit of care and wisdom possible to its task of administering the Act impartially and constructively is the earnest desire of the Board.

For the satisfactory accomplishment of this aim the continued understanding support and the actual assistance of the interested persons and groups in our State are needed.

The Board, therefore, respectfully invites your questions, your suggestions and your continued alert interest in its procedures, and will be happy to consider carefully any matter falling within its purview and which you may desire to bring to its attention. Your good will and confidence will prove a tremendous source of encouragement to the Board in facing the arduous tasks which lie ahead.

With the Season's greetings and with hopes of a successful year for you and your organization,

THE BOARD OF NURSE EXAMINERS.
Gertrude R. Folendorf, R. N., *President.*
D. Lois Burnett, R. N., *Vice-President.*
Sister Mary Carmelita, R. N.
Dorothea E. Fiscus, R. N.
Ernestine Schwab, R. N.

By Helen F. Hansen, R. N.,
Executive Secretary.

Subject: Request for comment on certain cosmetics.

(COPY)

UNITED STATES DEPARTMENT OF AGRICULTURE
FOOD AND DRUG ADMINISTRATION

Washington, D. C., November 8, 1939.

Dr. George H. Kress
2200 Leavenworth Street
San Francisco, California

Dear Doctor Kress:

The new Federal Food, Drug, and Cosmetic Act of 1938, enacted by Congress last year, was formulated to provide more adequate protection of the public health. Section 601(a) of this Act concerns cosmetics. It prohibits in interstate commerce any cosmetic which "bears or contains any poisonous or deleterious substance which may render it injurious to users under the conditions of use prescribed in the labeling thereof, or under such conditions of use as are customary or usual: Provided, That this provision shall not apply to coal-tar hair dye, the label of which bears the following legend conspicuously displayed thereon: 'Caution—This product contains ingredients which may cause skin irritation on certain individuals, and a preliminary test according to accompanying directions should first be made. This product must not be used for dyeing the eyelashes or eyebrows; to do so may cause blindness,' and the labeling of which bears adequate directions for such preliminary testing. For the purposes of this paragraph and paragraph (e) the term 'hair dye' shall not include eyelash dyes or eyebrow dyes."

The Food and Drug Administration is now giving consideration to the indiscriminate distribution of eyelash dyes and eyebrow dyes for use by beauticians or in the home, which contain silver nitrate, ammoniated silver nitrate, or ammoniated silver sulfate.

Experiments performed in our laboratories have shown that silver nitrate, ammoniated silver nitrate, and ammoniated silver sulfate are equally caustic.

One of the more prominent preparations now on the market requires the use of two dyeing solutions. A solution containing 2 per cent pyrogallol is applied to the eyelashes and eyebrows with a cotton applicator and let dry, followed in three minutes by a solution of ammoniated silver nitrate and ammoniated silver sulfate equivalent in silver content and caustic effect to 12 per cent silver nitrate. This is to be applied freely to the eyelashes and eyebrows on a home-made cotton swab either by the beautician or the home user.

It is our understanding that the meaning of the law, with respect to injury, is broad and should be interpreted liberally in the interest of the public. It is not, in our judgment, necessary for such injury to be lethal or permanent.

In connection with eyelash and eyebrow dyes of this type, we would very much appreciate your advice and help with respect to the following questions:

1. Do you consider that the preparations mentioned above contain any deleterious or poisonous substances which may render them injurious to users under the conditions of use above described?

2. If so, is the injurious character predicated upon:
(*a*) Direct primary injury?
(*b*) Idiosyncrasy or allergy?

3. What type of injury, if any, would you expect to occur?

We shall greatly appreciate any assistance which you may be able to render in this investigation.

Very truly yours,

THEODORE G. KLUMPP, M. D.,
Chief, Drug Division.

MEDICAL JURISPRUDENCE†

By HARTLEY F. PEART, ESQ.
San Francisco

Operation Exceeding Scope of Patient's Written Consent.

On November 17, 1939, a California District Court of Appeal decided a case which is of great importance to all surgeons. The decision dealt with authorization of operations and the responsibility of physicians toward patients who are under a general anesthetic. (For prior discussion of the legal necessity for consent by the patient to an operation and the existence of emergency as an excuse for failure to obtain consent, see CALIFORNIA AND WESTERN MEDICINE, March, 1939, at page 241.)

The recent decision of the District Court is entitled *Valdez* vs. *Percy, etc.*, 99 Cal. App. Dec. 406, and was an action based upon plaintiff's allegation that defendants had caused plaintiff to suffer the loss of her right breast, including the mammary gland, the pectoral muscle of the right side and all of the lymphatic glands of the axilla up to and within the clavicle bone of her body. In the early part of 1934, plaintiff was brought to the Los Angeles General Hospital and examined by one of the defendant doctors, who stated that he found a large gland the size of a small egg in the right axilla and that the lump should be examined to determine the nature of the tumor. The doctor advised removal of the gland, but stated that the case would first have to be referred to the Malignancy Board of the General Hospital. Upon examination of plaintiff and consideration of her ailment, the Malignancy Board apparently expressed a doubt as to the character of the growth and, therefore, recommended that plaintiff should have a biopsy. It was also recommended that if at the biopsy the growth was found to be malignant, the surgeon should go ahead with the removal of the breast.

Prior to the operation, the plaintiff signed an agreement reading in part as follows:

> The undersigned patient and others hereby consent to any and all of the medical and surgical treatments, including operations, vaccinations, and immunizations against disease, which may be deemed advisable by any of the physicians and surgeons of the Los Angeles County General Hospital, the intention hereof being to grant authority to administer and perform all and singular, any examinations, treatments, operations, diagnostic procedures, vaccinations and immunizations against disease, which may now or during the course of the patient's care as either an in-patient or an out-patient be deemed advisable or necessary. . . .

There was some conflict in the record as to what transpired during the operation, but some of the evidence pointed to the following:

After the operating surgeon had removed the gland, a specimen thereof was sent to the laboratory for diagnosis. Five or ten minutes thereafter the pathologist reported that the diagnosis was "carcinoma of the breast." Thereupon the surgeon prepared to remove plaintiff's right breast. Before any act had been done toward removing the breast, except the preparatory one of incising the skin to chart the course of the knife when the incision for removal was made, a second report was received from the laboratory (after a pathologic examination of the entire mass of tissue) informing the physicians that there had been a mistake in the first diagnostic report, and that the true diagnosis was "lymphoma, possibly Hodgkin's disease." The surgeons proceeded to remove plaintiff's right breast.

The Court held as follows:

The trial court erred in directing a verdict for the defendants and should have submitted to the jury the following questions: (1) Was the surgeon employed solely to operate upon the axilla; and (2) if so, whether or not in the performance of an operation upon another and different part of the body, to wit: the breast, he and the defendants working with him were guilty of negligence for the reason that no immediate emergency existed which required the removal of the breast.

The Court stated:

> It is firmly established as the law that where a person has been subjected to an operation without his consent, such an operation constitutes technical assault and battery.

The Court held that the written agreement signed by plaintiff did not constitute a consent to perform operations other than the one for which the operating surgeons were engaged by plaintiff to perform unless some urgent necessity arose during the authorized operation. Neither did the agreement absolve the operating surgeons from liability for negligence, if any existed, in the performance of the operation.

The Court further held that the jury should have been allowed to pass upon the issue of defendant's negligence, if any, in removing the breast in the face of the conflicting diagnoses received from the pathological laboratory.

With reference to the liability of the pathologists working in the laboratory of the General Hospital, it was held that none existed. One of the pathologists received the specimens through the regular hospital routine and made the examinations thereof, while the other was the director in charge of the laboratory at the hospital. From the evidence it appeared that when the first section of the specimen was presented to the pathologist who made the examination, his report was that if the specimen was from the breast of the patient, it might be carcinoma of the breast. Later he called for the large piece of tissue from which the previously examined section had been prepared and his examination disclosed that it was not breast tissue, whereupon he sent a message to the surgery department of the hospital to the effect that the tissue originally received, not being breast tissue, his diagnosis on the first section submitted to him could not be depended upon so far as any breast malignancy was concerned. There was no evidence that he was aware that an axilla tumor was being removed from the plaintiff. Thus the Court held that there was no evidence that he either lacked skill or that he was negligent.

Although the decision does not hold that the conduct of the surgeons did or did not constitute negligence, it does hold that a jury *could have* rightfully found it to be negligent.

This case again emphasizes the need for care on the part of physicians in procuring each patient's consent to all steps which may be taken in surgery.

† Editor's Note.—This department of CALIFORNIA AND WESTERN MEDICINE, presenting copy submitted by Hartley F. Peart, Esq., will contain excerpts from the syllabi of recent decisions, and analyses of legal points and procedures of interest to the profession.

TWENTY-FIVE YEARS AGO†

EXCERPTS FROM OUR STATE MEDICAL JOURNAL

Vol. XIII, No. 1, January, 1915

From Some Editorial Notes:

Specials to the American Medical Association, San Francisco, 1915.—A special train to carry the New York and New England members and delegates to the American Medical Association meeting in San Francisco, June 21 to 25, is already planned and reservations are being made. The special is being handled by the McCann agency, in New York, and they have arranged a schedule that will bring their more than welcome trainload of physicians into San Francisco June 20. On the return, this party goes north through Portland, Seattle, etc., and will stop one day at Rochester, Minnesota, for a visit to the Mayo clinic. This is but the first of many special trains that will be made up to bring members from various parts of the country, but we are glad to notice that our friends in New York have begun early to arrange matters so as to be with us this June. Good luck and a pleasant trip to them.

* * *

Worth Repetition.—The following quotation from the *Bulletin of the Lake County (Indiana), Medical Society,* touching as it does on a point so often mentioned in these columns, is well worthy of perusal. Doctors are notoriously easy to get into wildcat companies, mines, oil schemes and the like. If they would but ask advice to take counsel, they would save themselves many and many thousands of dollars:

"Has it ever occurred to you as being peculiar that so many stocks are offered to physicians? It hardly seems possible that the salesmen who have various good things to offer should all be philanthropists, and yet, one would gain that opinion after listening to their talk a few moments. The fact is, physicians are generally regarded as 'easy marks' by stock salesmen. We have yet to hear of any of our friends getting in on a good thing through the offers of these salesmen, but know of many cases to the contrary. Give them the 'once over' before listening too intently."

* * *

Fractures: Suits: X-Ray Plates.—It has become absolutely necessary for every physician to exercise the utmost caution in treating a case of fracture. A large percentage of suits for alleged malpractice are based upon cases where a fracture has been treated. It is essential that the physician take an x-ray plate of the fracture, preferably both before and after setting, and keep the plate! Failure on the part of the physician to take this simple precaution has cost the Society close upon $5,000, most of which would have been saved had proper x-ray plates been taken and kept by the attendant. On this account the House of Delegates authorized the Council to make a just rule covering this point in connection with the medical defense work. The Council has ruled that each such suit will be considered separately and on its own merits, but that unless it can be shown by the member sued that it was well nigh impossible for him to have an x-ray taken, he must defend the suit himself and pay for his own carelessness. The basic principle of the rule is sound; it is not fair to permit one careless member to cause a great expense to all the other members. Ninety-nine times in a hundred, it is quite possible to have an x-ray plate made, either before or after setting—or both—and the protection secured is enormous.

(Continued in Front Advertising Section, Page 25)

†This column strives to mirror the work and aims of colleagues who bore the brunt of Association activities some twenty-five years ago. It is hoped that such presentation will be of interest to both old and new members.

BOARD OF MEDICAL EXAMINERS OF THE STATE OF CALIFORNIA†

By CHARLES B. PINKHAM, M. D.
Secretary-Treasurer

News

"Application of Arden Zimmerman, 31, San Jose chiropractor, for probation on a conviction of two counts of slander, will be ruled on by Justice Grandin H. Miller on December 7. Zimmerman was convicted yesterday afternoon of charges preferred by Dr. W. Franklin Morris, Oakland chiropractor, who accused him of telling professional associates that he, Morris, was an abortionist. Zimmerman was acquitted on the third count. Prosecutor A. P. Lindsay, who said Morris would not oppose Zimmerman's probation plea, declared the local man's conviction exonerated Doctor Morris of his assertions." (San Jose *News,* November 23, 1939.)

"A proposed initiative measure which would make surgeons liable for unnecessary operations was submitted for titling to Ward Sullivan, deputy attorney-general, today by Dr. J. Theo Hollie, Salt Lake City and Los Angeles naturopath. The proposition includes the following: Defines unnecessary operations as those in which no pathology is found to exist, those performed pursuant to a wrong diagnosis and those performed in which no relief could be obtained by the patient. Provides that a written diagnosis must be submitted to the patient by the surgeon prior to the operation and that all excised tissue must be sent by the surgeon to the state department of public health, along with a copy of the surgeon's record of the case, within five days after the operation. States that the health department must make tests of the tissue and give the patient a copy of the report, and that the department must retain the tissue for 300 days. Provides that all prescriptions written by doctors must bear English interpretation of the symbols or names in another language. Would make hospitals liable for an unnecessary operation to the extent of $500 damages and a surgeon convicted of violation of the act subject to a $500 fine, six months in jail and suspension of license for from six months to two years. Doctor Hollie last week submitted to the attorney-general's office for filing another proposed initiative aimed at the separation of nonmedical practitioners from the State Board of Medical Examiners and the creation of a nonmedical board." (Associated Press dispatch dated San Francisco, November 30, printed Sacramento *Bee* same date.) (Previous entries, December 1937; March, 1938.)

"A demurrer against the recently voted indictment charging Dr. Nathan S. Housman on six counts of perjury, offering false evidence and preparing false evidence, was filed before Superior Judge Lile T. Jacks yesterday by the physician's attorneys, John J. Taaffe and William Ferriter. The attorneys contended the charges did not involve a public offense. The case was set for November 30. . . ." (San Francisco *Chronicle,* November 25, 1939.) (Previous entries, November, December, 1932; July, 1933; January, 1937; January, November, 1938; October, December, 1939.)

"The right of osteopaths to be employed by school districts throughout California has been affirmed by the third district court of appeal. . . . The appeal court decision, announced yesterday, upholds a Sacramento superior court

(Continued in Back Advertising Section, Page 34)

†The office addresses of the California State Board of Medical Examiners are printed in the roster on advertising page 6.